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News: PSNC announces remuneration for 2006-07 with 400 MURs target

News: October 1 handover for oxygen services brings new patient care concerns

News: More carrot, less stick for professional regulation, urges MP Gidley

Features: Plaque off – the right advice for promoting better dental health

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*Managing Director
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PSNC agrees 5 per cent rise in contract funding to £1.855 billion

Contract MUR fee increases to £25 but extra £75m per quarter clawed back for purchase profits

Gary Paragpuri

Pharmacy contractors in England and Wales will get a 5 per cent rise in funding for the national pharmacy contract for 2006-07, their negotiating body has announced.

Funding will rise £89 million from £1.766 billion to £1.855bn for the current financial year, PSNC revealed last Friday.

In addition, last year's £56m underspend from the global sum, practice payments and ETP allowances will be carried forward to provide a total remuneration package of £1.911bn for 2006-07.

However, two surveys conducted in October 2005 and February 2006 on pharmacists' purchase profits have "clearly demonstrated" that, unless prices changed substantially, there will be a "significant excess" of purchase profits in 2006-07 over the agreed level of £500m, PSNC added.

Consequently, the Department of Health will make adjustments to the Drug Tariff's category M prices next month to recover an additional £75m per quarter.

While not disputing the findings, PSNC said it was concerned that independent pharmacies, particularly singly owned ones, are able to earn profits at "a level that delivers a fair return".

PSNC said it would seek to ensure the DH takes into account "a range

Sue Sharpe on:

MUR fee: "There is an inflationary uplift but we have also had a lot of reports from pharmacists that patients miss appointments for MURs. In the case of pharmacists who have got a second pharmacist in to cover the dispensary, then that was clearly adding an element of cost, so we proposed and the Department agreed on an increase in the fee."

MUR numbers: "We have to make sure that, as we increase the cap, it is manageable for pharmacists... 400 is quite a change for pharmacists but we will be keeping it under review."

The contract funding: "The committee was very satisfied with the outcome of application of the funding formula. What we are comparing is a formula we think has taken into account all the different cost elements and protects the real value of the contract compared to the old contract, where what we get would be typically a 2.3 per



cent increase just on the global sum component and nothing else."

Advanced services: "Pharmacists have got to recognise that if they want to develop a clinical service and secure their role in patient care they have got to work to adopt advanced services. Our message is if you are already going, this is a great incentive, if you're not it's a clear message that the

time is now to start building advanced services."

Expanding advanced services:

"PSNC's November planning meeting will consider further developments in advanced services but where you have a professional sector where there wasn't a major change in the contract for nearly 60 years, we have to move forward at a pace that's achievable."

of possible variations in prices reflecting regional issues, size of pharmacy business and the impact of stock loss".

Sue Sharpe, PSNC chief executive, added: "A significant amount of information on purchase profits available to the independent sector has emerged from the invoice inquiry, but there are some fundamental issues of principle on handling and

interpretation of the data that must be properly addressed."

In other funding changes, remuneration for medicines use reviews will rise from October 1 by £2 to £25.

In addition, the ceiling on the number of MURs that can be carried out will rise. Pharmacies that have made arrangements to provide advanced services prior to

October 1, 2006 can do a maximum of 400 MURs this year, while the limit for those that enter arrangements on or after October 1 is 200 MURs.

• PSNC is looking for a successor for Barrie Andrews who steps down as chairman next summer at the end of a six year term. The post carries a salary of £30,000 for a commitment of 25 to 35 days' work per annum.

How the funding is calculated

The funding formula agreed as part of the new contract looks at:

- The government's measure for underlying inflation, the GDP deflator.
- Increases in dispensing volume.
- Staff salary increases in excess of GDP deflator levels
- An efficiency assumption, which assumes some ability to make efficiencies and is consistent with NHS efficiency targets.
- Costs associated with significant additional regulatory burdens on contractors (eg fitness to practise and DDA requirements and the imposition of VAT on some contract services).

Funding details

- Total funding is up 5 per cent to £1.855bn.
- There will be an additional £56m to cover last year's underspend.
- MUR remuneration rises to £25 from October 1.
- MUR limits rise to 400 for those providing advanced services prior to October 1, 2006, and 200 for those starting after that date.
- DH to recover additional £75m per quarter from purchase profits after two sample surveys show there is likely to be a "significant excess in 2006-07 over the

agreed level of £500m".

- Threshold for receiving establishment payment will rise 3 per cent from 2,000 items per month to 2,060.
- The ceiling for eligibility for the protected professional allowance will rise to 2,059 items per month.
- Dispensing fee remains at 90p.
- £20m will be allocated for IT to cover cost of ongoing connectivity.
- £15m will be allocated for advanced services. Last year £39m was allocated for MURs but only about £4m was used.

- Claim form for decommissioning oxygen headsets now available, with December deadline for claims.
- Compensation will be decided once total claims are known but higher compensation expected for headsets purchased or reconditioned since August 2004.
- Full details of fees and allowances will be published in next month's Drug Tariff.

Good deal? See p10 for funding verdict





From the left: Mike Rutherford from the rock bands Genesis and Mike and the Mechanics, the actor Brian Cox and, at the 37 inch mark, Kiss FM DJ Big Ted were all on hand to mark the launch of Diabetes UK's Measure Up campaign. The campaign aims to help people understand the link between waist measurement and diabetes risk, and is supported by a new online self-assessment tool at www.diabetes.org.uk/measureup

News in brief

PSNC conference

Health minister Andy Burnham will front PSNC's community pharmacy conference at Birmingham International Convention Centre on October 30.

Mr Burnham is signed up as a keynote speaker for the event, which will showcase "leading edge pharmacy services", said PSNC.

Numark latest

Numark has announced an updated pre-registration training programme consisting of eight seminars. It costs £445 + VAT per student and will be held in Belfast, Manchester and the Midlands. The group has also detailed plans for its 2007 conference to be held on a Caribbean cruise next February.

NHS privatisation fears

Pharmacy wholesalers have rejected fears they may be next to suffer NHS privatisation. Concerns follow the government's move to outsource medical equipment supply to logistics company DHL. Martin Sawyer, British Association of Pharmaceutical Wholesalers' director, said: "BAPW members' roles in the pharmaceutical supply chain will not change."

Members only

Nucare has launched a specialist members' website service. "My Nucare" offers updates on rebates and commissions, share incentive scheme points and professional service. Nucare says over 350 members used www.nucare.co.uk as a resource for SOPs.

Scots feel heat of regs

Pharmacies across Scotland that must comply with new fire safety laws have been helped by a guide to compliance. The downloadable booklet explains the requirements of part three of the Fire (Scotland) Act 2005, which comes into effect on October 1. More information at www.infoscotland.com/fire

No to Labour

More voters now think the Conservatives should deliver on health, according to a poll by Ipsos MORI. It is the first time the Conservatives have been ahead on health since 1997.

Patient safety fears as pharmacy bows out of oxygen supply

Practice PCTs advised to remove oxygen supply from pharmacies in the south

Tom Hawkins

Fears over patient safety have been raised again after PCTs were advised to remove oxygen supply from pharmacies across southern England from next week.

From October 1, Allied Respiratory will assume complete control of home oxygen deliveries for patients in Hampshire, the Isle of Wight, Kent, South London, Surrey & Sussex and the Thames Valley.

PCTs across the region have been advised that GPs should no longer prescribe oxygen via an FP10. In addition, Medigas and BOC will no longer supply pharmacies with cylinders.

Laurence Sprey, of Ashtons Late Night Pharmacy in Brighton, said he will continue to supply patients as long as cylinders were available. He added that the local PCT was willing to reimburse deliveries for valid FP10 forms until the end of January.



"If it wasn't for Ashtons and other pharmacies there would have been deaths in the community. It's alright to say we're helping out but we're saving lives," he said.

In a proposed letter to contractors, South Central SHA and Allied Respiratory said that the supplier had "confirmed that all patients who are known to them have been transferred over to their service".

The move sees Allied Respiratory join fellow suppliers BOC in the east and Linde in the north east of England in taking complete control of the service.

Raj Nutan, of the NPA, said while a high percentage of patients had

transferred to Allied Respiratory, there remained a small population of low volume users that are dependent on pharmacies for supply.

"Our concern is that it's fine to stop supplying pharmacies but where's the safety net? We cannot continue indefinitely but there needs to be reassurance that supply is there," he said.

Vanessa Taylor, professional executive officer of East Sussex LPC, said the October 1 deadline presented a "huge risk" and doubted whether it would mark the end of pharmacy's role in oxygen supply. "The poor old community pharmacist is stuck in the middle. They are on the frontline so what do you do if a patient's on the phone gasping for oxygen?"

Allied Respiratory was unavailable for comment.

If you are having problems with oxygen supply email us on chemdrug@cmpmedica.com or phone 01732 377315.

No more Mr Tough Guy, Lib Dem MP tells Society

Politics Pharmacy's 'play it safe' attitude is stifling innovation, says Sandra Gidley

Jenny Rigby

The Royal Pharmaceutical Society must ditch its bully boy tactics if it is to get the best out of pharmacists, a leading MP has warned.

Sandra Gidley criticised the Royal Pharmaceutical Society during the Liberal Democrats party conference in Brighton this week. "I think the Society has spent too much time dotting its Is and crossing its Ts, and not enough time representing pharmacists," she told C+D.

Pharmacists have adopted a "play it safe" mentality when working in awkward situations to avoid slapped wrists from the Society, Ms Gidley said, often to the detriment of patients.

"There have been lots of examples of pharmacists just saying no when patients ask them for emergency medication because that's easier. You can't fall foul of the regulations if you don't prescribe anything," she said. "This mentality is stifling innovation and positive action on behalf of patients, and everything has to centre around the best service for them."

President of the Royal Pharmaceutical Society, Hemant Patel, agreed that the Society must treat pharmacists with greater compassion. "People want to be



Sandra Gidley: Society must change its ways. Photo courtesy of bob@fallonphotography.com

inspired, they don't want to be kicked up the backside. We must let pharmacists do the right thing as humans," he said.

Mr Patel pledged to support pharmacists in disputes with PCTs during a speech at the Waremass pharmacy group conference in Brighton. "Pharmacists can only grow if empowered to make decisions," he said. "The Society will back you."

Society thinks over future role

The Society is still mulling over its response to the government's reviews of health professional regulation. The RPSGB has held the second in a series of meetings on the Foster and Donaldson reports, said Lambeth.

Text messages the way 4wd

IT Trial of system earns support from patient groups

Technology enabling contractors to text message patients could help convince more men to use local pharmacy services, the system's manufacturer has claimed.

"This technology will target healthcare to the harder to reach segments of society like men and the young, who are notorious for not accessing pharmacy," said Fiona McLoughlin, spokeswoman for the pharmacy IT firm.

The system, being tested at a London pharmacy, has preliminary support from patient groups.

"On the whole, pharmacists tend not to go out of their way to attract men. Anything that encourages them to visit like direct text messaging is an excellent idea," said a spokesman for the Men's Health Forum.

A text messaging service could provide a useful tool to boost patient



Calling all men: technology targets hard to reach groups

safety, said the National Patient Safety Agency (NPSA). A spokesman said: "The NPSA recognises that advances in technology may offer new and interesting ways to reduce errors."

The technology will be available as part of System Solutions' QicScript PMR system later this year. **MG**

NPfIT faces second audit

IT NAO to revisit troubled technology programme

The National Audit Office has revealed that it intends to take a second look at the implementation of the National Programme for IT (NPfIT).

A spokesman for the NAO said a second report was "very likely" but that the new study was not yet under way.

The report will build on the findings of the initial study, published in June, which covered the preliminary work of the £6.2 billion overhaul of NHS IT. It was subsequently revealed that the report had been subject to editing prior to its release.

The spokesman said: "We always said, because of the significance and scope of the project, the chances are we would return to it in future." **TH**

Ad firm plea for payment holiday

Retailing Pharmasite to withhold rent for 2006

Pharmacists face being short- changed after point of sale advertising firm Pharmasite announced its intention to withhold rent payments for 2006.

The company has issued a letter to 1,500 pharmacies in the UK stating that it could not guarantee that £130 per pharmacy rent payments due in November would be honoured.

The fee is paid in return for the rights to sell in-store advertising space to OTC medicine brands and includes light box units.

Pharmasite blamed the move on a "recession" in pharmaceutical advertising and increased competition. In the letter it claimed many outdoor advertising firms are also suffering.

Robin Fawcett, Pharmasite managing director, said: "We sent out letters to our customers asking for their approval. The response has been incredible and we've only had 15 cancellations.

"It's a trivial amount, but it's us reneging on an agreement. Things are already looking better and we're confident the company will honour payments in 2007," he added.

Pharmasite will cover the pharmacist's electricity costs from running light box units, Mr Fawcett confirmed.

Raina Jordan, business development manager at the NPA, responded: "We're aware of the situation. We're not happy about it but until we have a chance to sit down and agree a solution we haven't got a firm position."

The NPA confirmed that it will meet Pharmasite to discuss the situation next month. **TH**

You can have Xmas day off

Practice PSNC confirms holiday requirements

Pharmacists do not have to open on Christmas, Boxing or New Year's Day to fulfil contractual hours, PSNC has ruled.

However, to assist PCT planning, pharmacists should tell local authorities if they plan to close, PSNC added.



Is their medication ending up where it should be?

Dysphagia, or swallowing difficulty, is a much more widespread problem than you might think.¹ It leaves many people, especially the elderly, struggling to swallow their medicine and often leads to it being thrown away.

Such non-compliance has serious consequences in that it can lead to poor outcomes, hospitalisation or even patient death.² It also costs the NHS over a billion pounds a year in wasted medicines and the costs associated with adverse clinical outcomes.³

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References:

1. Strachan J, Greener M. Medication-related swallowing difficulties may be more common than we realise, *Pharmacy In Practice* December 2005. 2. Richard Griffith, Medication Management and the law 2 - Residents With Medication Related Dysphagia 2006. 3. Greener M. *JME* 2006; 9: 27-44

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News in brief

Actavis discount update

Generics manufacturer Actavis has revamped the discounting policy across its entire generics range.

From October 1, the company's legacy scheme will be replaced by the Accumulator. Discounts will range from 2.5 per cent for spends of up to £249 per month rising to 25 per cent for an outlay of £2,500 or more.

15,000 get connected

More than 15,000 healthcare sites have connected to the broadband network at the heart of the new NHS IT system.

The links, which have been provided by contractor BT, mean the rollout of the N3 network is 85 per cent complete. BT claims it will connect all 18,000 user sites by the target date of March 2007.

Pharmacy gets its own video game.
See page 12

Independents voice MUR funding fears

Policy Concern over meeting 400 MUR target under new funding deal

Ailsa Colquhoun

Independent contractors have given a cautious welcome to the increases in the fees and limits for delivering medicines use reviews (MURs).

Vivienne E Farrell, secretary of Stockport LPC, said: "Whilst I applaud the increase in the fee, I would hate to think that some may see this limit increase as an excuse to go solely for the money at the detriment of providing a truly useful and professional service."

"Many contractors are struggling to carry out the current level of MURs. I would hate to see more funding taken away from essential services as there are many small contractors who may be lost to their community if they cannot provide advanced services."

David Hawkin, of WA Hawkin & Sons, Leeds, also expressed reservations. He said: "If you can do

Your views

• "I believe the government is happy to give us [the 5 per cent] because it knows the money is coming back, for example through the VAT it is levying on professional services. My profits are down on last year; independents need to do MURs but GPs don't want anything to do with us."

Dom Marks, DW Marks Pharmacy, Birmingham.

• "In terms of the amount of work involved, if I tried to deliver 400 MURs I would never get down to dispensing anything. I would prefer to have seen an increase in fees, but long-term, MURs will increase the number of people coming in. I would also like to see some of the clawback money coming back into pharmacy in the form of enhanced services."

Rajesh Kerai, Queens Park Pharmacy, Bournemouth.

the MURs then the deal is fine but as an independent, without a training or a contract implementation department behind me, it is difficult to get started.

"Money is being taken away from generics so unless you can get on

board with doing the extra services then funding will drop over the next few years."

The editor's comment
See page 18

NEW

GAVISCON
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ACTION

DOUBLE THE REASON
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JOINT ESSENTIAL INFORMATION (Gaviscon Double Action Liquid/Gaviscon Double Action Tablets) Active Ingredients: Gaviscon Double 213mg and calcium carbonate 325mg. Also contains methyl and propyl hydroxybenzoates and sodium saccharin. Gaviscon Double Action and calcium carbonate 187.5mg. Also contains mannitol, aspartame and xylitol. Indications: Treatment of symptoms of gastro-oesophageal reflux such symptoms of excess stomach acid (hyperacidity). Dosage Instructions: Gaviscon Double Action Liquid: For oral administration. Adults and children 12 years and over: 10-20ml after being thoroughly chewed. Adults and children 12 years and over: Two to four tablets after meals and at bedtime, up to four times per day. Children under 12 years: Contraindications: Gaviscon Double Action Liquid - Hypersensitivity to any of the ingredients, including the esters of hydroxybenzoates (parabens). Gaviscon Double Action Each 20ml dose has a sodium content of 254.5mg (11.06mmol). This should be taken into account when a highly restricted salt diet is recommended, e.g. in some cases of to be taken in treating patients with hypercalcaemia, nephrocalcinosis and recurrent calcium containing renal calculi. Gaviscon Double Action Tablets: The sodium content diet is recommended, e.g. in some cases of congestive cardiac failure and renal impairment. Each four-tablet dose contains 300mg (7.5 mmol) of calcium. Care needs to be calculi. Due to its aspartame content this product should not be given to patients with phenylketonuria. If symptoms do not improve after seven days, the clinical situation on medical advice. Side-Effects: Very rarely (<1/10,000) patients sensitive to the ingredients may develop allergic manifestations such as urticaria or bronchospasm, hypercalcaemia, acid rebound, milk alkali syndrome or constipation. These usually occur following larger than recommended dosages Retail Price: (Ex. VAT). Gaviscon 32 tablets - £4.99 Marketing Authorisation: 00063/0156 - Gaviscon Double Action Liquid 00063/0157 - Gaviscon Double Action Tablets. Supply Classification: GSL. Date of Preparation: August 2006. GAVISCON and the sword and circle symbol are trademarks.

Numark members in Scotland warn of contract delays...

Scotland Chronic medication service likely to be late

Jane Ellis

Members of Numark's Scottish Advisory Committee have warned that the chronic medication service (CMS), due to be introduced next year, is likely to be delayed because of a lack of GP readiness and IT issues in GP practices and pharmacies.

By comparison, the minor ailments service (MAS), which started in July, is proceeding, said Numark members at a meeting in Edinburgh this month.

Numark has drafted its own minor ailment formulary which includes product information and good practice guidelines. Committee members said they would also like

product Pip codes for reordering, a reference sheet listing all conditions with the medication of choice alongside and patient registration cards to be included.

Little change to the stoma service has been noted since it was revised in April, reported Numark members. To improve the sourcing of products, Numark has proposed partnering with a stoma contractor as long as the service is kept within pharmacy. "The committee liked this proposal and I'm now going back to the contractor to progress it," said Ms Lau.

The next meeting is scheduled for January 16, 2007 at the Marriott Hotel in Edinburgh.



IT snags at pharmacies and GP surgeries are slowing CMS, said members of Numark's advisory board

... while funds for Scottish pre-reg students go up

Scotland Cash for placements is up to £12,500 as boost to the pre-reg programme north of the border

Scottish pharmacies will receive almost twice as much funding to take on pre-reg students, it has been announced.

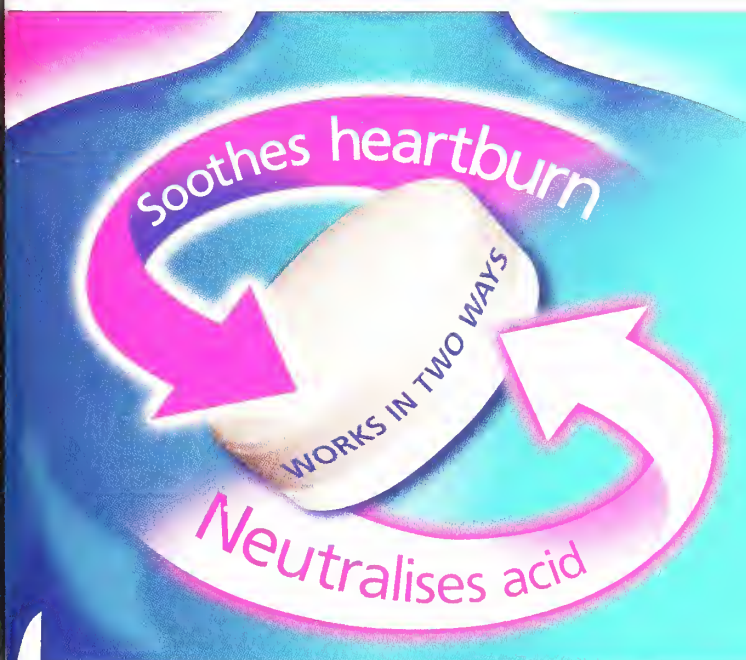
The Scottish Executive Health

Department has increased funding for pre-registration community pharmacy placements from £6,500 to £12,500, as part of a first step towards a more structured and

regulated pre-reg system, with universal salaries for the students.

The increase is part of a movement towards a centrally controlled pre-registration

programme in Scotland, with such guidelines as a universal salary and more support for the students. The NHS Pre-registration Pharmacist Scheme (PRPS) begins in 2008. JR



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 of a four-tablet dose is 221.5mg (9.64mmol). This should be taken into account when a highly restricted salt
 taken in treating patients with hypercalcaemia, nephrocalcinosis and recurrent calcium containing renal
 should be reviewed. Treatment of children younger than 12 years of age is not generally recommended, except
 inaphylactic or anaphylactoid reactions. Ingestion of large quantities of calcium carbonate may cause alkalosis,
 Double Action Liquid 150ml - £3.99, 300ml - £6.49 Gaviscon Double Action Tablets, 16 tablets - £2.99,
 32 tablets - £4.99. Holder of Marketing: Reckitt Benckiser Healthcare (UK) Limited, Dansom Lane, Hull HU8 7DS.

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Gaviscon Double Action Tablets 16s	£2.99	6	322-961
Gaviscon Double Action Tablets 32s	£4.99	6	322-961
Gaviscon Double Action Liquid 150ml	£3.99	6	322-961
Gaviscon Double Action Liquid 300ml	£6.49	6	322-961

No link between EHC in pharmacy and abortion

Medicines OTC availability not encouraging unprotected sex

Ailsa Colquhoun

Pharmacy representatives have refuted claims that making emergency hormonal contraception (EHC) available through community pharmacies has failed to reduce abortion rates.

The RPSGB criticised research that concluded the OTC availability of EHC had not affected the number of women who have unprotected sex.

David Pruce, director of practice and quality improvement at the Royal

Pharmaceutical Society, said: "The evidence showed that women can access EHC easily, safely and effectively from pharmacies.

"It is important to recognise that EHC is not, and never has been, a substitute for regular contraception."

The Family Planning Association (fpa) also rejected the research, which was carried out by Imperial College London.

Toni Belfield, fpa director of information, said: "Emergency contraceptive pills are an important

method for women whose contraception has failed, or who have had unprotected sex.

"It is not, and was never intended to be, a panacea for abortion. Well-resourced contraceptive services are essential to the prevention of unplanned pregnancy.

"It is vital that the £40 million promised to contraceptive services in England is distributed directly to service providers and not diverted to mop up the deficits of primary care trusts instead."

Pharmacists to fight for place on NI commissioning groups

Northern Ireland Appointments on competency basis

Northern Ireland pharmacists will have to fight it out for a place within the seven new Local Commissioning Groups being introduced to replace the Local Health and Social Care Groups (LHSCGs).

The new groups are to take on the role of the current LHSCGs, which are being disbanded at the end of this month, after four years. However, unlike the LHSCGs, which offered a mandatory pharmacist place, the new groups will appoint either pharmacists, opticians or dentists to three places on a competency basis. GPs will make up the remaining four places.

The new groups follow the 2005 revamp of the health services structure in NI, which sees the four

health and social services boards replaced by a single Health and Social Services Authority in April, 2008.

NI health chiefs hope to have definite plans in place for the rollout of the new commissioning groups by April 1, 2007.

In the meantime, the Health and Social Services Boards will head up the commissioning process.

Pharmacy Contractors Committee chairman Sheelin McKeagney said: "The lessons learned from the LHSCGs must carry forward to ensure that no particular professional grouping or interest be allowed to dominate the decision-making process. We look forward to pharmacists being appropriately represented on these groups." **AC**



Wise young owls: Rowlands Pharmacy is working with nursery schools in the Portsmouth area to raise awareness of head lice. The company has sent packs containing baby wipes and a laminated factsheet on treating head lice, plus Rowlands merchandise, including six cuddly Rowland owls, colouring books and crayons to around 145 nurseries in the area.

The nurseries have also been sent 40 parent packs, which contain a paper copy of the factsheet, money off vouchers for redemption at Rowlands stores and a head lice comb.

Pharmacy video game

Education Project to lure female scientists

Girls in Warwickshire have been playing a "virtual pharmacy" game to encourage them to be more entrepreneurial.

The Women's Business Development Agency (WBDA) developed the game "My Chemist" with Rugby High School, Rugby, to show pupils how far they can go in the world of science.

Deputy director of the WBDA, Marla Nelson, explained: "There are so many statistics showing that girls, even those who do take science up to university and PHD level, aren't setting up innovative businesses. The game's purpose was to encourage girls with a flair for science to be business entrepreneurs within the field of science." **JR**

News in brief

Boots bans cheques

Boots is banning the use of cheques in a month-long pilot scheme at 46 stores across Sussex and Surrey.

If successful, the scheme will be rolled out to the rest of the company's 1,500 stores from November.

The company has also joined the Association of the British Pharmaceutical Industry (ABPI) as a general affiliate member.

Technician award

Lloydspharmacy has introduced a Technician of the Year Award 2006 to acknowledge the increasingly valuable role of its pharmacy technicians.

Prizes include holiday and leisure vouchers and Champagne, confirmed Lloydspharmacy.

Easy as ETP

Wholesaler Mawdsleys' free guide to the electronic transfer of prescriptions has been published. It contains advice on how to promote and develop ETP, as well as explaining the benefits.

GMC chair hits out

The head of the General Medical Council has criticised changes of the medical regulator proposed by the government.

Speaking to The Times newspaper, Sir Graeme Catto said some of the reforms outlined by chief medical officer Sir Liam Donaldson in the Good Doctors, Safer Patients report would fragment the GMC's responsibilities and could damage patient care.

Tesco training

Tesco has launched a training scheme for medicine counter assistants (MCAs).

The College of Pharmacy Practice accredited course aims to boost MCA's healthcare knowledge and includes fact files on hayfever and holiday health, according to Tesco.

EU law under spotlight

The impact of revised EU pharmaceutical laws is the focus of the Association of the European Self-Medication Industry's conference at London's Canary Wharf on October 18-19.



A cut above: Hassan Hajat (third from right), Chesterfield PCT pharmacy adviser, opens the refurbished Hodsons Pharmacy at Hasland, Chesterfield. The pharmacy, run by Independent Pharmacy Care Centres (IPCC), plans to offer stop snoring tips and smoking cessation from its new consultation area, said manager Alison Underdown (second right). Also pictured, from the left, are: Howard Maynard of Mawdsleys, Derek Holmes, Dev Shah and Kim Mason of IPCC

Walking with a winter wonderbrand



Your customers already trust Benlyn with their cough. And research shows that they'll rather buy one brand to treat cough, cold or flu. So recommend Benlyn Cold & Flu Max Strength Capsules and Benlyn Cold & Flu Max Strength Sachets (Non-Drowsy), supported by a £7M advertising spend, and keep your customers confident when treating their winter ailments.



paracetamol, caffeine & phenylephrine paracetamol & phenylephrine

Trusted in cough. Now in cold and flu.

Benlyn Cold & Flu Max Strength Capsules product information: Presentation: Capsule containing 500mg Paracetamol, and 6.1mg Phenylephrine hydrochloride and 25mg Caffeine. **Uses:** For the relief of symptoms associated with the common cold and influenza, including relief of aches and pains, sore throat, headache, fatigue and drowsiness, nasal congestion and lowering of temperature. **Dosage:** Adults and children over 12 years: 2 capsules to be swallowed whole with water every 4 hours, up to a maximum of 8 capsules in 24 hours. Children 6-12 years: 1 capsule every 4 hours, up to a maximum of 4 capsules in 24 hours. Children under 6 years: not recommended. **Contraindications:** Hypersensitivity to any of the ingredients. Severe coronary heart disease and cardiovascular disorders, hypertension, hyperthyroidism, history of peptic ulcer. Also contraindicated in patients currently receiving or within two weeks of stopping therapy with monoamine oxidase inhibitors. **Precautions:** Caution in severe renal or severe hepatic impairment, Raynaud's phenomenon and diabetes mellitus. Concomitant use of other products containing paracetamol. **Interactions:** The speed of absorption of paracetamol may be increased by metoclopramide or domperidone and absorption reduced by cholestyramine. The anticoagulant effect of warfarin and other coumarins may be enhanced by prolonged regular daily use of paracetamol with an increased risk of bleeding. Phenylephrine may adversely interact with other sympathomimetics, vasodilators

and B-blockers. Drugs which induce hepatic microsomal enzymes, such as alcohol, barbiturates, monoamine oxidase inhibitors and tricyclic antidepressants may increase the hepatotoxicity of paracetamol, particularly after overdosage. **Pregnancy and lactation:** Consult doctor before use. **Side effects:** Hypersensitivity reactions including skin rash may occur. Blood dyscrasias, raised blood pressure, headache, nausea, vomiting and occasionally palpitations, tachycardia or reflex bradycardia; tingling and coolness of the skin, insomnia, restlessness, tremor, anxiety, urinary retention and hallucinations. Rarely reports of allergic reactions. **RRP:** 16 capsules £2.99. **Legal category:** GSL. **PL Holder:** Wrafton Laboratories Limited, Braintree, North Devon, EX33 2DL. **PL Number:** 12063/0066. **Date of preparation:** June 2006. **Benlyn Cold and Flu Max Strength Sachets (Non-Drowsy) product information:** Presentation: Yellow powder for oral suspension containing 1000mg Paracetamol and 12.2mg Phenylephrine hydrochloride. **Uses:** For relief of symptoms of colds and influenza, including the relief of headaches, aches and pains, sore throat, nasal congestion and lowering of temperature. **Dosage:** Adults and children over 12 years: Contents of one sachet dissolved in hot water. May be repeated after 4-6 hours. Maximum of 4 sachets in 24 hours. Under 12 years: not recommended. **Contraindications:** Known hypersensitivity to any ingredients. Severe coronary heart disease or hypertension. **Precautions:** Caution

in severe renal or severe hepatic impairment. Raynaud's phenomenon, Raynaud's phenomenon, Raynaud's phenomenon. **Interactions:** Concomitant use of other products containing paracetamol. The speed of absorption of paracetamol may be increased by metoclopramide or domperidone and absorption reduced by cholestyramine. The anticoagulant effect of warfarin and other coumarins may be enhanced by prolonged regular daily use of paracetamol with an increased risk of bleeding. Phenylephrine may adversely interact with other sympathomimetics, vasodilators and B-blockers. Drugs which induce hepatic microsomal enzymes, such as alcohol, barbiturates, monoamine oxidase inhibitors and tricyclic antidepressants may increase the hepatotoxicity of paracetamol, particularly after overdosage. **Pregnancy and lactation:** Consult doctor before use. **Side effects:** Hypersensitivity reactions including skin rash may occur. Blood dyscrasias, raised blood pressure, headache, nausea, vomiting and occasionally palpitations, tachycardia or reflex bradycardia; tingling and coolness of the skin, insomnia, restlessness, tremor, anxiety, urinary retention and hallucinations. Rarely reports of allergic reactions. **RRP:** 10 sachets £2.99. **Legal category:** GSL. **PL Holder:** Wrafton Laboratories Limited, Braintree, North Devon, EX33 2DL. **PL Number:** 12063/0066. **Date of preparation:** June 2006. **Reference:** 1. Data on file, Pfizer Consumer Benlyn V.P. & Design. Research, Feb 2006. The Big Picture.

Contractors on edge over exemptions, says NPA

Policy COE concerns diverting pharmacists from developing their businesses

Max Gosney

Control of entry (COE)

exemptions have spread anxiety across the pharmacy network, according to the NPA.

Contractors felt pressured and distracted by current regulations, the organisation said in its response to the government's COE consultation,

which concluded last week.

"At a time when pharmacists should be dedicating their energies to investing in developing their clinical role they will, instead, be diverted into protecting their pharmacies from pharmacies opening under an automatic exemption," said the NPA.

The comments follow feedback from 3,238 NPA members on the

control of entry reforms. More than 30 per cent of respondents reported the approval of a contract application made under COE exemptions near their business, revealed the NPA.

The NPA said that it was "extremely concerned about the current and future impact these measures are having".

CCA flags up shortcomings in consultation

Profession Processes must be the same for all

The RPSGB should consider the need for its inspectors to be able to exercise judgement, the consequences for an individual pharmacist of an interim order and the route to restoration, the Company Chemists Association has said.

The CCA has concluded that pharmacy should have the same processes as other healthcare professionals. Pharmacists and technicians should also be subject to the same system – the system relating to pharmacists being the most appropriate, the CCA said.

However, this may reduce the room for discretion and give inspectors and the relevant councils less room for exercising judgement, the CCA added.

On the question of imposing an interim order, the CCA believes that, contrary to the statement in the consultation document, an interim order is far from being a neutral act.

The CCA believes that an interim order must only be used in exceptional circumstances where there is evidence of a clear and present danger to patients, the public or the registrant. **AC**

News in brief

Co-op merger

United Co-op plans to merge with the Sheffield Co-operative Society in early 2007.

Sheffield Co-op members will vote next month on proposals to create a combined group with a turnover of £2.2 billion. United Co-op runs 230 UK pharmacies.

NCSO endorsements

The DH and the National Assembly for Wales have agreed to allow NCSO endorsements for the following item for September 2006 prescriptions: diamorphine 500mg injection ampoules.

Speedier palliative care

Palliative care patients could receive pain relieving drugs more rapidly following the granting of a service agreement to Manor Pharmacy and Erewash PCT to supply aseptically prepared syringes for patients in the area.



Dispensing GPs worried by 100-hour openings

Policy DDA questions viability of existing pharmacies following exemptions

Dispensing doctors are concerned that pharmacies opening under exemptions to the control of entry regulations (COE) will threaten overall sector viability.

In its response to the DH's COE review, the Dispensing Doctors' Association predicts that the 100-

hour exemption is likely to have an effect on the viability of existing pharmacies and thus reduce choice in the medium to long term.

Noting the improved relations between pharmacists and dispensing doctors in rural locations, the DDA stresses that any change must ensure

this stability is not lost. However, DDA chief executive Dr David Baker also suggests patients would benefit if dispensing practices were able to sell OTC medicines, and that out of hours provision of pharmaceutical services could be integrated with existing GP out of hours centres. **AC**

There is an abundance of guidelines in primary care relating to cholesterol management. Add this to the complexities of the pharmacy contract and it is easy to see how confusion develops. At best this provokes debate amongst peers; at worst it may lead to non-compliance amongst patients and thus ineffective treatment.

"The new community pharmacy contract has scope there for reviewing patients' medications, so it may be that there's a big opportunity there for community pharmacists to help identify those patients who perhaps aren't being treated to the new kind of guidelines and the new targets."

Find out what Noel and a panel of primary and secondary care experts, chaired by GP Dr Sarah Jarvis, had to say on this and other cholesterol matters in our new webcast. Go to www.cd.co.uk and click on the link. Conveniently cut into six bite-size sections, you can easily watch

If you would like a copy of the FREE accompanying meeting report, please email Marie Pickford at mpickford@cmpmedica.com

CD Science
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I need an effective pain reliever, not potential GI complications.

- Over the counter (OTC) non-steroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen and aspirin, are contra-indicated in people with gastrointestinal (GI) bleeding and ulceration.¹
- When used regularly at OTC doses, ibuprofen and aspirin have the potential to cause serious GI problems.²⁻⁸
- The risk is exacerbated by factors such as age, smoking, alcohol consumption, or use of corticosteroids or anticoagulants.^{4-6, 9}
- The active ingredient in Panadol (paracetamol) does not increase the risk of serious GI adverse events⁴⁻⁶ is not associated with upper GI bleeding regardless of dose¹⁰ and remains drug of first choice for patients with mild to moderate pain.^{2, 4, 8, 10}

The next time they need pain relief, be sure to recommend Panadol.
Panadol Tablets are for the relief of mild to moderate pain.

Panadol

Paracetamol

It's my choice.

References 1. British National Formulary, Edition 51, March 2006. Chapter 10: Musculoskeletal and joint diseases: Non-steroidal anti-inflammatory drugs. 2. Singh G. Am J Ther 2000; 7: 115-121. 3. Wilcox CM et al. Arch Intern Med 1994; 154:42-46. 4. Garnett WR. J Am Pharm Assoc. 1996; N536:565-72. 5. Blot WJ, McLaughlin JK. J Epidemiol Biostat 2000; 5: 137-142. 6. Peura DA et al. Am J Gastroenterol 1997; 92: 924-928. 7. Biskupiak J et al. Abstract presented at the American College of Gastroenterology 70th Annual Meeting 2005. 8. Scheiman JM et al. Clin Gastroenterol Hepatol 2004; 2: 290-295. 9. Stiel D. Am J Ther 2000; 7: 91-98. 10. Lewis SO et al. Br J Clin Pharmacol 2002; 54:3: 120-122.

Panadol Tablets Product Information. **Presentation:** Each tablet contains Paracetamol 500 mg. **Uses:** Headache including migraine and tension headaches, toothache, cold, flu, backache, rheumatic and muscle pains, pain due to non-serious arthritis, dysmenorrhoea, sore throat and feverishness, symptoms of cold and influenza. **Dosage and administration:** **Adults and children, 12 years and over:** Two tablets up to four times daily. Not more than 8 tablets in 24 hours. **Children 6-12 years:** Half to one tablet up to four times daily. Not more than 4 tablets in 24 hours. Not more than 3 days use in children without doctor's advice. **Children under 6 years:** Not recommended. Do not exceed the stated dose. **Contraindications:** Known hypersensitivity to ingredients. **Precautions:** Use with caution in patients with severe liver or severe hepatic impairment, non-cirrhotic alcoholic liver disease. Caution advised in patients taking warfarin or other coumarin anticoagulants, domperidone, metoclopramide, cholestyramine. Not to be taken concurrently with other paracetamol-containing products. Use in pregnancy should be on doctor's advice. Not contraindicated in breast feeding. Arthritis sufferers should consult a doctor if they need painkillers every day. Sufferers of liver disease or headache should consult a doctor. **Side effects:** Paracetamol: rarely, hypersensitivity including skin rash; very rarely, reports of blood dyscrasias (not necessarily causally related). **Overdosage:** Immediate medical advice should be sought in the event of an overdose, even if the patient feels well, because of the risk of delayed, serious liver damage. **Legal status:** 16's, GSL, 32's P. **Product licence number:** 00071/5074R. **Product licence holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Package weights:** 16's Compac 16's £1.39, Carton 16's £1.85, 32's £3.15. **Date of last revision:** May 2006. Panadol is a trade mark of the GlaxoSmithKline group of companies. Superbrands is a registered trademark.

Your views

Blair allies back Brown's abilities

Colin Brown, deputy political editor of *The Independent*, asks if Gordon Brown can carry off the NHS reforms

Gordon Brown will be installed as Prime Minister within six months but, according to Blair aides, the real test is how he responds to the challenges of reforming the NHS including the role of community pharmacies.

As private contractors within a

state health service, community pharmacies are seen by Cabinet loyalists of Tony Blair – who favour the reforms – as the best examples of private sector involvement in the NHS.

My mole inside Downing Street said Tony Blair was becoming

increasingly exercised about the extent to which Gordon will rise to the challenge. What will Gordon do when he is asked by the unions to slow down the reforms? Which way will Gordon jump when nurses and doctors campaign against the closure of wards?

Will he buy the claims by health secretary Patricia Hewitt that as healthcare moves closer to the patient, the closure of wards may actually be good for the patient?

Mr Brown's allies have privately put the word out that the anxieties in Downing Street are misplaced. They say their man is one of the originators of the New Labour experiment, and rubbish suggestions by the Blairites that he nurses an ambition to turn the clock back to Old Labour.

The Iron Chancellor has had an embarrassing few weeks redefining himself as an old softy in some toe-curling interviews but, stripped of the hype, the figure who will emerge through the smoke and mirrors of the spin doctors will be the one everyone will recognise – a dour no-nonsense Scot who has a clear sense of mission.

My guess is that far from being frightened by the glowering countenance, the touch of granite represented by Mr Brown will come as a relief from the ever-smiling Mr Blair, like a touch of rain after a hot sticky summer.

He is far friendlier in private than he seems in public. I've attended a few 'leaving dos' where Gordon was the main guest speaker, and he's one of the

What changes will we see from the corridors of power when Gordon Brown takes on the task of reforming the NHS?



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funniest off-the-cuff politicians that I have come across.

The desperate need to reform the NHS was underlined on Tuesday by the health secretary in a speech to the IPPR, the left-leaning think-tank.

Behind the rhetoric, there is a pressing need to reduce expectations before 2008 when the huge increases in spending – Ms Hewitt claims 9 per cent this year – come to an end. It won't mean actual cuts in the total now being spent on the NHS, but the growth figures which took Britain up to the European average will plateau, leaving everyone in the NHS searching for ways to find more money to make ends meet.

That is why, for example, she ordered the contract with DHL for the supply of hospital items, which has led to the threat of strike action by NHS logistics staff. To

give you an idea how barmy this is, the logistics staff actually use lorries hired from the private sector and, as far as I can tell, have been promised the same pension rights, pay and conditions if they are transferred from the NHS to the private sector.

Old Labour are threatening to keep up the fight to rescue the NHS from 'privatisation' but as Ms Hewitt told me in an interview, that is a complete denial of nearly 60 years of history in the NHS. From its inception, GPs were private contractors and the NHS had a mixed economy.

"The fact that the great majority of GPs have been private contractors hasn't prevented them absolutely believing in the core values of the NHS – treatment according to clinical needs, not on the ability to pay, largely funded by taxation, free at the point of need," she told me. "The mix changes in different decades. Part of the mixed economy of the NHS that Nye Bevan created in 1948 were the GPs. They were almost 100 per cent independent contractors but today 50 per cent are salaried employees."

She added: "Pharmacies are very

interesting. I think they are a part of the NHS. They are independent contractors, for all the very large companies, Boots being the obvious example.

"I believe they are a more integral part of the NHS today than they were 40 years ago or 10 years ago. That is due to the new contract that Alan Milburn put in place which is enabling pharmacists to play a much bigger role, for example in stop smoking services, over the counter emergency contraception, repeat prescribing and support for people with long-term conditions."



New Sudarub chest warming rub lets your customers enjoy a comforting blend of aromatic oils, to help rub away those winter blues. Available in a handy, portable tube and supported by a £1.8M TV campaign this winter.

Now available to order, PIP code: 322 0001

Room to rub

Comment from the editor

A funding formula that works – in parts



Just six months late, pharmacy contractors in England and Wales can now find out what the remuneration package is for 2006-07. This delay is unfortunate, but otherwise the negotiating body, PSNC, says that it is satisfied that the funding formula is working. And yes, it is good that the outcome takes into account the changing service provision that the new contract encourages.

For too long pharmacists' commitment to patient care was inadequately rewarded under the old system with perpetually under-inflationary

increases of the global sum, which didn't even adequately recognise the increase in prescription numbers. But there are still some concerns: for starters, the category M clawback is to be increased. It is one thing to discuss what level of purchase profits the NHS will tolerate, it is another to say how the burden of clawback should be applied. PSNC is right to seek assurance that independent contractors will be able to earn profits at a level that delivers a fair return.

Is it time to consider, then, whether the overall prescription turnover of a pharmacy business as a whole should be taken into account? Rather than apply a formula to each premises based on the number of items that each store dispenses, could the head office figure be used? After all, the buying power of Boots and Alliance combined will generate significantly greater discounts than a single independent contractor could dream of.

There's another disappointing figure – the amount of money that has been negotiated for medicines use reviews. While it is positive news that the number of MURs each pharmacy can conduct and the amount paid for each will increase, it would seem that only £15 million is being set aside this year. That equates to an

average of 60 MURs per pharmacy, far short of the new quota of 400. Note, though, that the average for 2005-06 was 15 per pharmacy so the sum is probably realistic.

While many, especially the multiples, have taken to MURs with gusto (and a full quota is now worth £10,000), there are still many pharmacies not providing MURs, or consultation areas ...

Worryingly, it's more than just a case of throwing the MUR funding away. Those pharmacies which are not yet providing MURs are potentially damaging their own credibility within the healthcare team. Service commissioners will be unwilling to involve the less engaged pharmacies in other service provision. And that will benefit no one.

Worryingly, it's more than just a case of throwing the MUR funding away

Your views

Will Labour pains deliver a bouncing new party?

Lambeth Outlook: Beverley Parkin, RPSGB director of public affairs, speculates on the conference season



In political terms, the summer has proved good for Liberal Democrats and Conservatives alike. With Labour looking fractured and divided and its leader losing power incrementally, the opposition parties could afford to sit back and watch the show. But now that conference season looms, that luxury vanishes and the other parties have to engage in the debate again.

That said, Labour is going to be

subject to a media storm at its Manchester conference next week. In Westminster, the early signs of bad weather are everywhere. A scrum of photographers is following any and all of the potential leadership contenders, covering their major speeches and bombarding them with questions about their intentions. Some, like Peter Hain MP (the current Northern Ireland and Wales secretary) and Harriet Harman (the minister for constitutional affairs) have already declared an intention to stand for the deputy leadership. Other contenders have been more circumspect.

There is real speculation that Alan Johnson or Dr John Reid, the former health secretary and current home secretary, could stand against Gordon Brown to ensure a proper contest. The problem is that speculation is not news and the collected media are desperate for the starting gate to be raised. Politicians despair that all their work around policy and all the positive news they want to impart is sucked into the media tornado and

lost forever. Certainly, anyone attending some of the current crop of think-tank policy sessions will be aware of this. As the minister sets out the policy detail, the media shout, "Are you standing for the leadership?"

Pharmacy's fresh-faced new minister, Andy Burnham, made his pharmacy debut with a generally well-received address to the recent British Pharmaceutical Conference. The profession is now in the process of building a positive working relationship with the minister whose job title – minister for delivery and quality – makes him central to the delivery of the new NHS and future pharmacy services. The lifespan of a minister is never certain but, whatever the outcome of the leadership contest, there will be a dramatic reshuffle and even a possible change of policy direction.

We have few hints as to the platforms of the possible contenders. For example, Alan Johnson said last week that he wanted neither a nanny state nor a neglectful state, echoing the Blairite tenet that the public

sector must utilise the best of private, voluntary and public provision. Mr Brown's position also lines up in this way, with purchasing, procurement and commissioning all likely to embrace the private and voluntary sectors. Indeed, his newly formed third sector taskforce will aim to create a framework for voluntary, co-operative and non profit bodies to engage more fully in the public sector.

Prior to Labour's conference, Patricia Hewitt gave a keynote speech to the influence think-tank, the Institute of Public Policy Research, entitled 'The Values of Health Reform', addressing the aims of NHS reform. It was a big picture speech, of the type we see less of these days, which seeks to put the reform agenda in the context of the overall vision for the service. This suggests that party and policy renewal are the real issues for Labour. The conundrum is: how can the party convince the country that it is still full of ideas? The answer is, I suspect, "with difficulty".

Xrayser

Time to stand up for ourselves

Even when we get something spectacularly right there always seems to be someone just waiting to belittle our success. Last week's news headlines claiming that wider availability of EHC has done nothing to stem the rise in teenage pregnancies nor cut abortion rates have blown the latest below the water-line hole in a pharmacy success story.

Unfortunately, as we take a higher profile role in healthcare we will become more vulnerable to this sort of attack, which is easy copy for the popular press. Every POM to P switch and every new service we take on makes easy pickings for the sort of health scare story beloved of our more right wing publications.

Although the stories did not directly attack pharmacy in any way, the implication is that pharmacy supply of EHC is a waste of time. The author of the study, published in the BMJ, claims that abortion rates have continued to rise despite wider availability of EHC. I don't know how she ruled out the possibility that they would have risen still further without this additional choice for women. And I challenge

her to find any women who thought that taking this pill was a waste of time.

Of course the Daily Mail leads with its favourite outraged tone: "Government's shocking failure to cut teen pregnancies" and talks of record levels of sexually transmitted diseases. The facile story is that because young women can easily get hold of EHC they are becoming more promiscuous and less careful with contraception.

I would venture that it's this sort of Victorian attitude towards sex that has given Britain the highest rates of teenage pregnancy in Europe, rather than easy access to contraception. The study suggests that women do not always understand when they are at risk of pregnancy, and this must highlight that education is vital. Perhaps pharmacists' excellent work in this area could be extended to include a wider educational role.

Paranoia leads me to wonder who was out to get us this time. Surely the doctors' leading journal would not want to promote a story that discredits pharmacists' role, or would it?

Where's the opposition?

If only a few more pharmacists could become members of parliament. The Liberal Democrats' Sandra Gidley gives some canny insights into government's view of the profession and promotes our views at the highest level (C+D, September 16, p42). As an opposition MP she is also in a position to challenge government thinking.

The All-Party Pharmacy Group also seems to be doing a good job of promoting the profession, but it is not an opposition party. The lack of a credible opposition has gifted New Labour a fairly easy ride for the last few years, but hasn't done the country any favours.

The Department of Health appears to ride roughshod over pharmacy opinion, throwing us the odd morsel and knowing we are virtually powerless to challenge its decisions. We have moved gradually from a democracy to an autocracy and the disappearance of a strong opposition voice confirms this. But if the Conservative Party does not challenge government decisions on health I wonder how much it cares and what it might do if it ever got into power.

At least Sandra Gidley is well informed and appears to care. It's a shame that she's unlikely to become a minister.



Albatross and chips

Dehydration is now very cool, or at least in those places where it is not hot. It is now difficult to hold a plug-plug free conversation with anyone from the temperate climes. Lack of water allegedly accounts for just about every ailment known to modern man from skin wrinkles to skin cancer.

Not without some basis in fact, water does tend to mop up the free radicals produced from alcohol, sun exposure or toxins often blamed for genetic disturbance leading to changes in bodily function. Unfortunately the bottled variety can also mop up any free pound notes in your bank account.

Morocco hit more than 40°C in August, the beaches awash with sunbathers doing their literally level best to break a DNA helix or two. Wandering among the horizontal human BBQ were young men carrying huge cooler boxes full of water bottles. Reminiscent of

Midday heat also drives people to bed but as far as I am aware few people die from dehydration during a siesta

the lobster fishermen in the film *Local Hero*, I asked one did he ever drink a bottle himself? "Certainly not," he replied in perfect Arabic, "far too expensive", or at least that was his gist.

As good luck would have it the human body is perfectly adapted to intermittent food and water intake, hence the liver, kidneys and bladder. We spend around 10 hours per 24 asleep so water intake tends to be limited. Midday heat also drives people to bed but as far as I am aware few people die from dehydration during a siesta.

On sale along the long highway out of Marrakech are small brown berries – "good for the kidneys" being a mild diuretic possibly making up for alcohol and the mild kidney stimulant but even more difficult to get no.

Water, water everywhere a drop for free and a bottle of frites a delicacy.

Dr Ian Banks is a GP practitioner in Northern Ireland

Pharmacy Champions

Pharmacists leading the way

What have you set up?

In South Tyneside there is a shared care scheme set up by two general practitioners with special interest (GPwSI). The work involves treating substance misuse patients who have been referred in by their GPs. They are titrated to the appropriate dose and stabilised before being referred back to their GPs to take over their care. In some cases the patients are detoxed.

My involvement has been assisting in the training of GPs and practice staff, as well as pharmacists and their staff, and assessing and prescribing for the patients. I've also managed the return of the patients to their GPs.

On occasion it has been necessary for me to consult with and prescribe for the patient in my pharmacy. The prescriptions written have been dispensed at my pharmacy and also at others that may be more convenient to the patient.



Pharmacy
Champions

Name

Tony Schofield

Pharmacy

JA Schofield Pharmacy, South Shields, Tyne & Wear

What has he done?

As part of a shared care protocol, he treats opiate dependent patients, including writing prescriptions for methadone and subutex

get involved. In the main, local pharmacists have responded very enthusiastically and GPs respect my experience.

Were there difficulties?

I needed to obtain the supplementary prescriber qualification, as well as the Royal College of General Practitioners Level 2 certificate in drug abuse.

There has been some disquiet among my colleagues about my fulfilling the prescriber and dispensing role simultaneously, as in doctor dispensing.

Our protocol has been agreed with the Royal Pharmaceutical Society and is the shape of things to come, with pharmacists managing chronic illness within their pharmacies in the future.

How have the locals reacted?

The treatment of substance misuse patients is not for everyone. Most GPs and pharmacists have a catalogue of horror stories, myself and my staff included, who have over the years suffered assaults and hold-ups. When such behaviour is recognised as part of drug-seeking behaviour and is the symptom of an illness treated by prescribing the current amount of medication, as would be the case in diabetes, it is a lot easier to motivate yourself to

Any advice for others?

Many pharmacists are unwilling to embrace the opportunities for enhanced services offered to them. That is fine as long as they are happy with a future spent counting and pouring, and remuneration more commensurate with a technician than a highly qualified healthcare professional.

Prescribing is a massive boost to pharmacists becoming more involved in the management of chronic diseases, of which substance misuse is just one.

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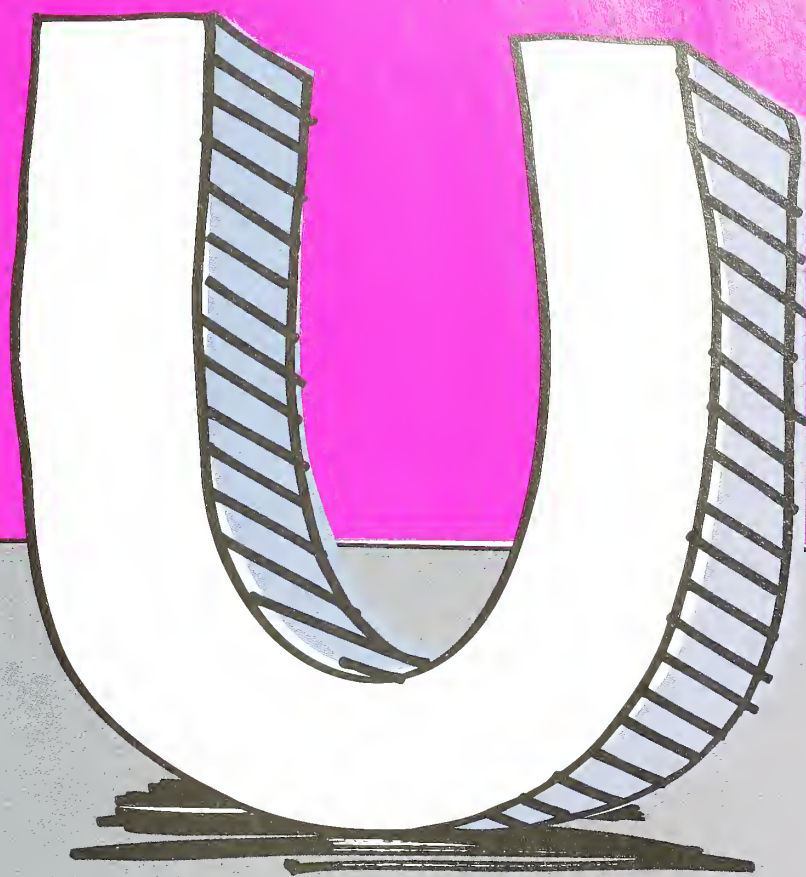
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Putting you in

Walking a fine line: changing employee terms and conditions

Extended hours necessitate changes to an employee's contract, but what if they disagree?

Clive Day

Employment law is predominantly concerned with protecting the rights of workers but it also recognises that businesses require flexibility from their employees. When it comes to changing terms and conditions of employment, and where there is a pressing need for business change, the law will not simply allow the employee to stay on their existing contractual terms forever. The need to allow changes to be made while protecting an employee's contractual rights is seen as a 'balancing act' by the courts. How this process works in action has been helpfully restated in the recent case of *Scott & Co v Andrew Richardson*.¹

The case concerns a change to shift patterns. Scott & Co runs a debt recovery service in Scotland. Mr Richardson was employed to collect debts by Scott & Co. He acted as a door-to-door operative (known as a sheriff officer) and he worked standard daytime hours, with occasional overtime in the evenings when required. A change in the way that debt recovery was carried out in Scotland encouraged Scott & Co to change employee hours in order to move onto a shift system. An emphasis on negotiating repayment rather than seizing goods meant that some employees had regularly to work an evening shift rather than doing overtime. Mr Richardson objected to this change.

The perils of unilateral change

UK employment law doesn't allow an employer unilaterally to impose changes to an employee's contract of employment. Normally, a change to an employee's contract requires their agreement. To secure this agreement, employers will commonly consult with their employees over suggested changes.

Where all else fails and a reluctant minority refuses to agree to a change, an employer can only implement the change by dismissing those employees and offering re-engagement on the new, amended terms. Of course, this approach carries inherent risks. Employees have no obligation to accept; they can choose to claim unfair dismissal instead and an employment tribunal will then have to rule on whether the dismissal, based on the employer's reasons and approach, was fair or unfair. Such was the case with Mr Richardson. In his view, the move by Scott & Co to a shift system was a *cuius prodest* excuse not to pay overtime. Although his colleagues largely accepted the proposed change, Mr Richardson held out against it and was ultimately dismissed.

The tribunal's decision

At the initial tribunal hearing Mr Richardson succeeded in his claim for unfair dismissal. Scott & Co said that they had a potentially fair reason for dismissal. They said that there was a sound business reason. Legally this fell into the fair category for dismissal known as "some other

substantial reason", a catch-all provision normally invoked where there is a genuine business need to implement a change which might otherwise result in an unfair dismissal. The tribunal, however, disagreed based on the circumstances. It found that there was no fair reason for dismissal. The Employment Appeal Tribunal overturned that decision and re-emphasised the degree of discretion that an employer has when seeking to reorganise its business. It found that unless a decision to change terms and conditions is "trivial" or "whimsical", an employer should normally be able to pass the initial stage of proving that there was a potentially fair reason for dismissal: "some other substantial reason".

The legal implications

When proving a potentially fair reason for dismissal, an employer's commercial discretion over its own business practices will be respected. It must be appreciated, however, that having made out a potentially fair reason for dismissal, an employer must go on to demonstrate that it acted fairly in all the circumstances. This is a "balancing act" between the interests of employer and employee. Helpfully, the appeal tribunal went on to consider the factors from a previous case law, which indicate whether a dismissal is reasonable in these circumstances.² These are likely to include:

- The benefit to the employer in making the changes.
- Whether the dismissal could be considered reasonable in light of the number of

employees who accepted the changes.

- (Where relevant) whether a trade union accepted that the change was reasonable and was ready to recommend it.

On this point the appeal tribunal decided that Mr Richardson's case should be sent back to another tribunal for reconsideration. As the consultation process adopted by Scott & Co had convinced Mr Richardson's colleagues to accept the change, then applying the guidance from the appeal tribunal, it appears that he might have difficulty in winning his claim second time around!

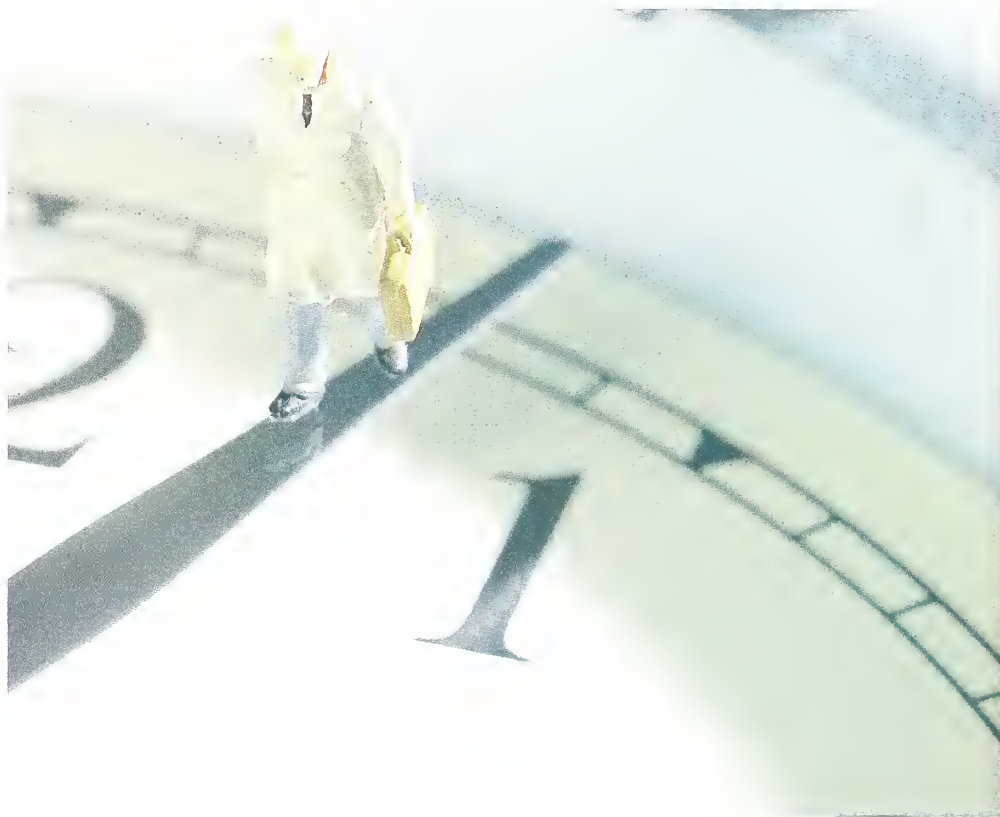
Practical steps

In light of the indications given above, how will an employer normally implement contentious changes to terms and conditions of employment? Normally, an employer will engage in a process of consultation to sell the change to employees. This consultation will commonly take place with employees and/or their representatives, allowing the sound business reasons for change to be presented to the workforce and any incentives offered for the change to be explained. Only when consultation is exhausted without full agreement would the remaining employees have their existing contracts terminated upon notice with an offer of re-engagement upon the revised terms.

Clive Day is a solicitor at Eversheds LLP.

1. *Scott & Co v Andrew Richardson* EATS/0074/04

2. *Catamaran Cruisers Limited v Williams* [1994] IRLR 386.



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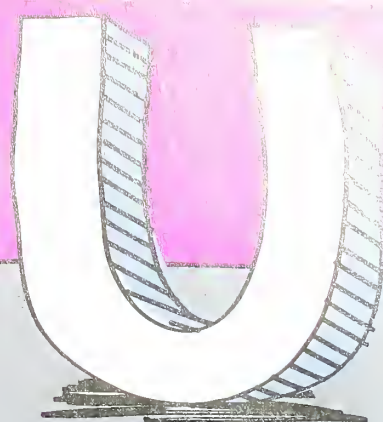
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Treating gum disease

C+D looks at the management of gingivitis and periodontitis

Derek Balon

The teeth are supported in alveolar bone by the periodontium, whose other functions include protection and nutrition. Figure 1 illustrates the periodontium's supporting tissues, which consist of cementum, alveolar processes of the maxillae and mandible, periodontal ligament and gingiva.

Cementum is the only tissue considered as both a basic part of the tooth and a component of the periodontium. It is a thin, calcified layer of tissue that completely covers the dentin of the tooth root. It functions as an area of attachment for the periodontal ligament fibres.

The alveolar processes are bony portions of the maxilla and mandible where the teeth are embedded and support the tooth roots.

The periodontal ligament is a thin fibrous ligament that connects the tooth to the alveolar processes. Teeth are not in direct contact with bone; they are suspended in their socket by the fibres of this ligament. This allows teeth limited individual movement and acts as a shock absorber to cushion the force of chewing.

The gingiva (gum) is firmly in place encircling the necks of the teeth. It aids in the support of the teeth, and protects the alveolar process and periodontal ligament from bacterial invasion. Healthy gingiva is firm and resilient, usually pale to darker pink but it may be purple to black depending on the person's pigmentation.

A small section of the gingiva that extends from the crest of the alveolar bone to the tip of the gum is called unattached or free gingiva. It can be displaced and is not bound directly to the tooth or bone. In a healthy mouth, this portion is approximately 1 to 3mm wide and forms the soft tissue wall of the gingival sulcus next to the tooth. It is in this area that the first symptoms of gingivitis appear. The interdental papilla helps prevent food from packing between the teeth.

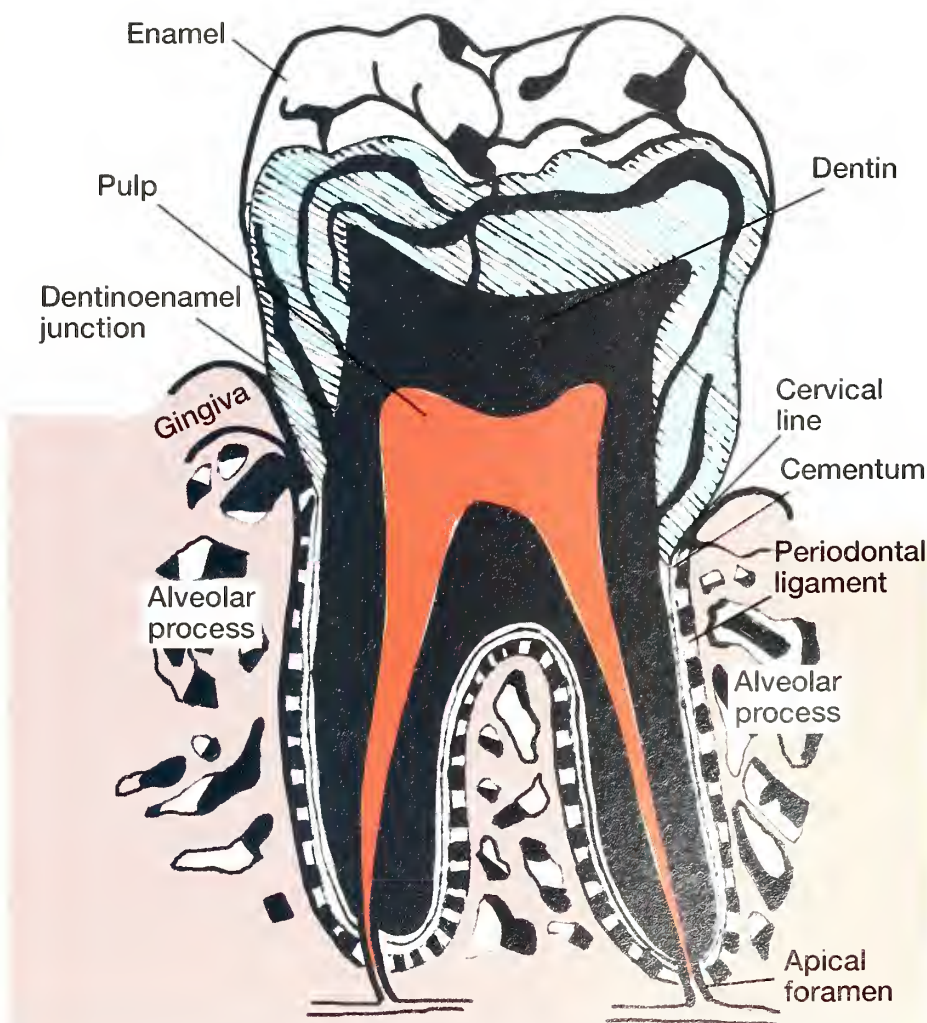


Figure 1: The periodontium

Many bacteria colonise the oral cavity, most are commensals but some are pathogenic. The most commonly implicated bacteria in periodontal disease and bone loss are *Actinobacillus actinomycetemcomitans* and *Porphyromonas gingivalis*.¹

As soon as teeth are cleaned, a thin glycoprotein/mucoprotein coating called pellicle forms. Food metabolites and bacteria invade this layer, resulting in a sticky adherent soft mass (colourless plaque), which is easily removed by brushing. Subsequently it hardens, thickens and, if not removed in about 24 hours, begins to calcify. Ultimately it forms bacteria-

harbouring calculus (tartar), which brushing does not remove. The development of plaque and its subsequent modification to tartar set up ideal conditions for pathogenic bacterial growth leading to gum disease. This is both chronic and progressive: the condition begins as inflammation of the gingiva (gingivitis) and may spread to the periodontal ligament and alveolar bone (periodontitis).

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Pharmacy update

Diseases of these soft (periodontal) structures

Periodontal problems affect the supporting tissues of the teeth and are usually related to poor gum management. They constitute the major dental risk to adults and range from simple gum inflammation to serious disease that damages the soft tissue and bone that support the teeth. In the worst cases, teeth are lost. Both gingivitis and periodontitis are the result of bacterial attack. Effective plaque removal results in the prevention or reduction of these conditions (see Oral Health p36).

Gingivitis The gingiva constitutes only the first few millimetres of the gum at the tooth/gum junction. Symptoms include:

- Swelling, redness and bleeding (especially when brushing the teeth). The gums lose their normal pink colour, becoming darker and swollen. The swelling, the result of the body's complex reaction to the invading bacteria, is primarily a sign of increased vascular activity, which deepens the colour (healthy pink turning to red).
- As the condition becomes established, the gums recede. Pain is usually minimal.
- Halitosis.
- Infection, including purulence (pus), between the teeth and gums (noticeable when the gums are pressed). This usually occurs in the later stages when the condition has advanced to periodontitis.

Periodontitis As the inflammatory process spreads from the gingiva to the supporting tissues, the attachment of the gingiva moves down the root of the tooth. This decreases the degree of attachment of the periodontal ligament with subsequent adverse effects (loss of bone and eventually teeth). When the space between the tooth and soft tissues becomes greater than 3mm deep it is referred to as a periodontal 'pocket'.

Symptoms of periodontitis include:

- Pain, especially on chewing.
- Looseness of a tooth.
- Bleeding from the gums during brushing or eating.

About 7 to 15 per cent of adults may have signs of severe periodontitis including attachment loss, formation of pockets, and bone loss on X-ray.

Risk factors

- **Smoking** In general, smoking is one of the most significant risk factors. About 50 per cent of periodontal disease in American adults results from smoking. It damages the immune system, increasing the risk of periodontal infection by creating a favourable environment for pathogenic bacteria and reduces the normal mechanisms that limit bacterial growth.
- **Hormonal changes** Changes in hormone levels during pregnancy, the menopause and menstruation make gums more susceptible to periodontal disease.
- **Diabetes** People with diabetes are at higher

Table 1: Cascade of connective tissue loss and bone resorption

- Gram-negative bacteria release liposaccharides.
- These stimulate release of cytokines (inflammatory mediators).
- Cytokines activate epithelial cells to release prostaglandins.
- Prostaglandins destroy connective tissue and induce bone resorption.

risk of infections. Furthermore, dry mouth is a symptom of diabetes and this increases the risk of gum disease.

- **Stress** It has been shown that stress decreases resistance to bacterial attack, even gum infection.
- **Drugs** Saliva has a protective effect on teeth and gums, both cleaning them and inhibiting bacterial growth. Some antidepressants and antihistamines decrease saliva production, which may result in the build-up of plaque and tartar. Some drugs, especially anti-epileptics and calcium channel blockers, may cause gingival hyperplasia.
- **Illnesses** Cancer and AIDS and their treatments can affect gum health.
- **Heredity** There is some evidence that periodontal disease has a genetic component.
- **Nutrition** Calcium and vitamin C deficiencies may contribute to periodontal disease. Calcium is important because of its role in bone maintenance. Vitamin C helps maintain the integrity of connective tissue. It is also a powerful antioxidant and reduces the amount of circulating free radicals, which interfere with cell replication. Smokers have low vitamin C levels.

Gingivitis and periodontitis are usually both preventable and treatable. Although the above risk factors make gums more susceptible to disease, the most common cause is poor oral hygiene. Daily brushing and flossing and regular professional cleanings can greatly reduce the chance of developing these conditions.

These procedures and the importance of plaque removal are discussed in more detail in this week's Oral Health feature (see p36).

Antiseptic mouthwashes

As plaque and periodontal diseases are bacteria

related it is not surprising that in the 1970s research showed that, in the absence of any mechanical dental cleaning, use of an antibacterial mouthwash provided some protection against a build up of plaque. Licensed products for the treatment and prevention of gingivitis contain either chlorhexidine or hexetidine.

Chlorhexidine gluconate A 0.2 per cent chlorhexidine mouth rinse used for two minutes every 12 hours will prevent plaque accumulating on a clean tooth surface.²

Chlorhexidine has prolonged (more than 12 hours) antibacterial activity because of its absorption and subsequent release from oral tissue surfaces, including teeth. Prolonged use has been shown to reduce plaque by up to 97 per cent without the development of bacterial resistance. Its drawbacks include its unpleasant taste and the reversible staining of the tongue and teeth.

It has been shown that a 0.1 per cent solution produces little staining but it has a significantly reduced antiplaque action compared with the 0.2 per cent preparation.³

Hexetidine Sharma *et al* have shown that hexetidine (0.1 per cent) inhibits development of plaque and reduces gingival inflammation.⁴

Unlicensed products Many proprietary mouthwashes contain a variety of chemicals but they are of questionable value in the prevention of plaque build-up. For example, it has been shown that products containing phenolic compounds have anti-inflammatory action but little anti-plaque activity.⁵

Another approach is the inclusion of surfactants, which reduce the build-up of plaque.⁶

In spite of the efficacy of chlorhexidine, the consensus view is that chemical methods of plaque control are short to medium term and they are not a substitute for mechanical cleaning. It should be noted that periodontitis is not treated by the use of antiseptics.

Treatment of periodontitis (by a dentist)

There is considerable evidence that most patients with mild-to-moderate periodontitis can be treated successfully with various therapies including mechanical instrumentation, ultrasonic débridement, supragingival irrigation, subgingival irrigation, local drug delivery, systemic antibiotics and host-response modulation. Of prime interest to pharmacists is the prescribing of systemic antibiotics.

Originally it was assumed that bacteria were directly responsible for release of enzymes and toxins that destroyed the periodontium. Now it

Table 2: Commonly used antibiotics in the treatment of periodontitis

- Co-amoxiclav 625mg three times daily 1/52.
- Ciprofloxacin 500mg twice daily 1/52.
- Clindamycin 150mg three times daily 1/52.
- Doxycycline 200mg at once, 100mg daily 1/52.
- Metronidazole 400mg three times daily 1/52 (often combined with amoxicillin or co-amoxiclav).
- Oxytetracycline 500mg three times daily 3/52.

is thought that if the microbial challenge is not contained by neutrophils and other cells, the host response results in a cascade of events that culminate in connective tissue and alveolar bone loss (see Table 1).⁷

Periodontitis belongs to a family of diseases that share a common histopathology, show similar signs and usually respond to conventional therapy. Various factors influence their severity. The pathogens must reach a critical threshold and overwhelm the host response. Environmental factors (such as smoking) and acquired factors (such as diabetes) affect the degree of destruction. There is also a genetic component.

Mechanical instrumentation of roots (root planing) is an effective treatment for patients with mild to moderate periodontitis (pockets less than 5mm). This involves debriding (cleaning) the tooth below gum level with a mechanical tool. It removes tartar leaving a smooth hard surface (the cementum).

The term ultrasonic débridement refers to the removal of root-surface tartar with a

vibrating mechanical device. It reduces inflammation in the adjacent soft tissues.

Studies have shown that this procedure achieves similar results to those achieved with root planing. It results in less chair time and hygienist fatigue but leaves a less smooth surface, which is not clinically significant.⁸

Supragingival irrigation, as its name suggests, involves application of water or a medicated solution in the immediate vicinity of the problem area. There is conflicting evidence as to whether addition of a drug to the irrigating solution is beneficial. One agent used is chlorhexidine, which may cause staining.

Subgingival irrigation usually does not provide any reduction of inflammation, probing depth reduction or gain of clinical attachment beyond that achieved with root planing.

Local drug delivery enables the medication to reach bactericidal or bacteriostatic concentration within the pocket for prolonged periods. While this is true, little benefit over traditional root planning or other mechanical methods has been demonstrated.⁹

Antibiotics

The rationale for using systemic antibiotics in the treatment of periodontal diseases is that more than 500 species of bacteria are associated with periodontal diseases. Systemic delivery of the antibiotic offers many benefits compared with topical application. Antibiotics are delivered via the blood to the tissue surrounding a pocket where they act locally. Some periodontal organisms invade the local tissue (eg *A. actinomycetemcomitans*) and systemic administration is desirable. Antibiotics also reduce the pathogenic bacterial count in saliva, tonsils and oral mucosa.

Host-response-modulating drugs

Doxycycline, when administered at its usual dosage, has bacteriostatic activity. However, when given at a substantially reduced dose (20mg twice daily), it has no bactericidal or bacteriostatic effect but reduces collagenase activity. The activity of collagenase is increased as part of the immune response to periodontal infection.

Subantimicrobial dosing with doxycycline probably will prove most advantageous in the treatment of patients with refractory or recurrent disease. However, this concept needs to be verified in controlled clinical trials.

See www.dotpharmacy.com for references.

Derek Balon FRPharmS is a visiting lecturer at King's College London and a proprietor pharmacist.

Continuing professional development

Reflect

How much do you know about the causes of gum disease? Could you give customers the correct advice on preventing it?

Plan

This Update article should be read in conjunction with the article by Derek Balon on oral hygiene elsewhere in this week's issue (p36), to obtain a complete picture on the prevention and treatment of gingivitis and periodontitis (periodontal disease).

Act

- Read at least two professional articles on dental hygiene from reputable sources. Are there any significant points of difference? Are any significant points omitted from the Update article?
- Record in your practice workbook at least five major points you wish to make to customers when providing advice on oral hygiene.
- Do you stock a sufficient range of cleaning paraphernalia required to maintain healthy gums? If not, find a source of supply. You may need to contact a dental sundries supplier.
- Review the range of mouthwashes you stock. How many are cosmetic and how many are licensed as medicines? What do you recommend for patients with poor dental hygiene? List in your practice workbook those suitable for treatment of gingivitis. Make sure your medicine counter assistants know your product of choice.

Evaluate

After a few months, look back at your practice workbook. Think how often you have provided advice that reflects the five major points you noted. Do you feel you now provide dental hygiene advice automatically? Have you increased your range of items for gum cleaning? If not, why not?

Do you now feel confident that, after counselling, your patients know more about care of their gums? Is it partially (or even entirely) a result of reading this article?

Distance learning for pharmacists

Pharmacists using Pharmacy Update for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, C+D readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the October 7 issue, which will cover this week's CPP-accredited module, together with the one in the September 2 issue.

These will cover:

- Athlete's foot (1380)
- Gum disease (1381)

A telephone marking service offers independent verification of results (see the monthly MCQ papers in C+D for details). If you wish to register for Pharmacy Update, please contact Pauline Sanderson on 01223 377269.

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Clinical news

Oral prep for iron overload launched

An oral treatment is available for people with excess iron in their blood.

Exjade is a dispersible tablet containing deferasirox in 125mg, 250mg and 500mg strengths. It is indicated for the treatment of chronic iron overload due to frequent blood transfusion in patients with beta thalassaemia major aged six years and over. It can also be used where desferrioxamine therapy is contraindicated or inadequate, in patients with other anaemias, patients aged two to five, or in patients with beta thalassaemia major with iron overload due to infrequent blood transfusions.

Treatment should be initiated by a specialist. The recommended initial dose is 20mg/kg body weight, although higher doses may be considered for patients having approximately four or more blood transfusion units per month. Lower doses may be appropriate for patients on under two transfusion units per month. Doses higher than 30mg/kg body weight are not recommended.

Tablets should be taken once daily on an empty stomach at least 30 minutes before

food, and preferably at the same time each day. Tablets should be dispersed in water, or orange or apple juice (100ml to 200ml). Tablets must not be chewed or swallowed whole, and preparations containing aluminium, such as antacids, should be avoided.

In addition to checking ferritin levels monthly, patients should have monthly liver function tests. Gastrointestinal disturbances are the most common side effect, and patients should be advised that skin rashes may appear, but these resolve spontaneously in most cases.

Also see 'Metal fatigue', C+D, September 9, p31 to 33 or www.dotpharmacy.com.

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Masta Ltd, tel: 0113 238 7500.

Hyaluronic acid injection

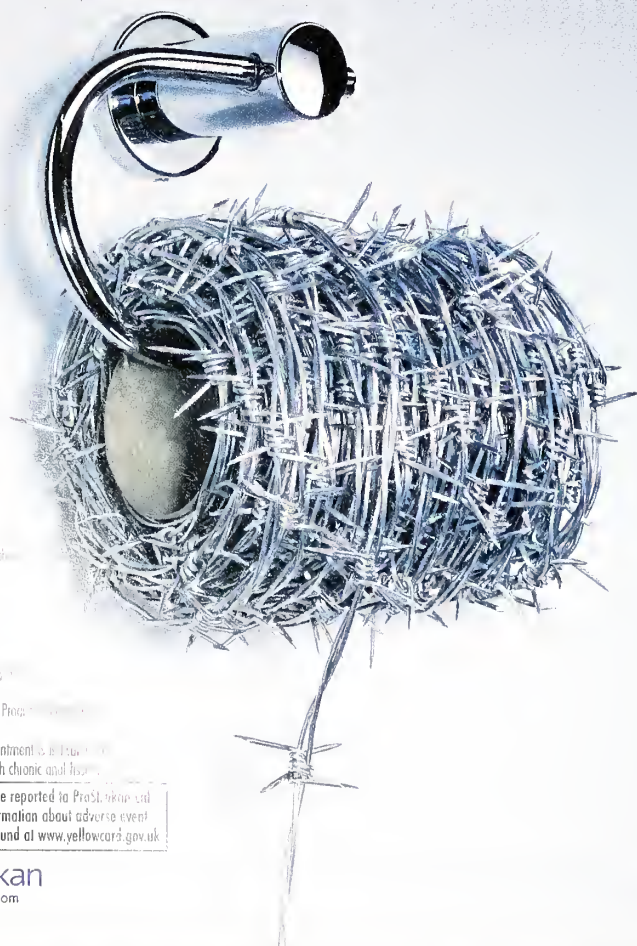
Synocrom, a hyaluronic acid injection is now available. Intended for use in treating stage II and stage III arthritis in all synovial joints, the product is available as a 10mg/ml in 2ml vials. NHS prices are £30 for the single injection and £130 for a pack of five.

Dee Pharmaceutical Ltd, tel: 01978 661993.

Roaccutane and depression

Research linking depressive behaviour symptoms in mice to the acne treatment Roaccutane (isotretinoin) has been published. So far trying to demonstrate a link between depression in humans and use of isotretinoin has been complicated by the psychological effects of having severe acne.

Neuropsychopharmacology.
www.nature.com/npp/index.html



New Rectogesic.

Ready to
tackle the pain
of chronic
anal fissure.

Rectogesic® 0.4%
glyceryl trinitrate 0.4% w/w
Rectal Ointment

A welcome return to normal life.

Further information is available
on request from:

ProStrakan Limited

Galabank Business Park

Galashiels TD1 1QH

Legal Category: POM

Date of preparation: January 2006

M011/095E

Please consult Summary of Product Characteristics

before prescribing.

Rectogesic® 0.4% Rectal Ointment is a prescription medicine

for the relief of pain associated with chronic anal fissure.

Adverse events should be reported to ProStrakan Ltd
on 01896 664000. Information about adverse event
reporting can also be found at www.yellowcard.gov.uk

ProStrakan
www.prostrakan.com

Injectable methotrexate launched

An injectable form of methotrexate for use in rheumatoid arthritis has been launched.

Metoject is a weekly injection in a specially designed syringe with a pair of large 'wings' to enable self-administration by patients with limited dexterity. Syringes come individually in sealed blister packs which may be stored at room temperature, and shelf life is two years.

The recommended initial dose is 7.5mg of methotrexate once weekly, administered either subcutaneously, intramuscularly or intravenously. Dose may be increased by 2.5mg per week, but a significant increase in toxicity is seen with doses exceeding 20mg/week. The maximum dose should not exceed 25mg.

While treatment will be initiated by a doctor, patients must be informed that this is a weekly dose, and not a daily treatment. Certain patients may be able to self-inject,

where shared care protocols are in place.

An injectable form of methotrexate has been developed, in part, to deal with gastrointestinal side effects experienced by some patients on oral therapy. Recent research suggests that the absorption of oral methotrexate may become impaired or variable at higher doses, leading to a decline in efficacy, says the manufacturer.

Metoject is available as pre-filled syringes containing a solution of methotrexate 10mg per ml, in sizes of 0.75ml, 1ml, 1.5ml, 2ml and 2.5ml.

For pack sizes, prices and Pip codes, see Price List

For more information:
Medac UK. Tel: 01786 458032

Acupuncture for back pain

Research suggests that acupuncture may have some effect in lower back pain.

While the researchers found "weak evidence" of a short course of acupuncture having an effect on persistent non-specific low back pain after 12 months, there was "stronger evidence of a small benefit at 24 months".

The study was carried out at three private acupuncture clinics and 18 general practices in York, involving 241 patients, each receiving on average 8.1 treatments.

The researchers had hoped to detect a larger difference in scores on the "SF-36 bodily pain dimension" system, although the responses they recorded were considered to represent a clinically worthwhile benefit.

While no evidence of functional improvement was found, "other patient-relevant outcomes included patient satisfaction with acupuncture care, reduced concerns about back pain, and reduced use of analgesics."

For more information:
BMJ Online First bmj.com.
Doi 10.1136/bmj.38878.907361.7C



A Practical Approach... last week's answers

1. Some of Colin's symptoms may be due to nicotine withdrawal, which include anxiety, irritability, dizziness, lack of concentration, fatigue and constipation. There may be a productive cough for up to about two weeks as cilia in the bronchi become reactivated in the absence of nicotine and clear the mucus containing tar residues from the lungs. Longer term, weight gain because of restimulated appetite may be a problem.
2. Colin's palpitations and nausea are probably the result of theophylline toxicity due to

overdose. Tobacco smoke reduces plasma theophylline, so when smoking ceases it can rise to a toxic level. The dose may need adjusting.

3. Plasma concentration for optimum response is 10-20mg/litre (55-110micromol/litre). Theophylline has a narrow therapeutic index: levels below 10mg/litre may be ineffective and those above 20mg/litre may be toxic. Ideally, plasma levels should be monitored and maintained through blood tests.

A Practical Approach...



Salma Hussain, the pre-registration trainee at the Update Pharmacy, is going through some prescriptions returned by the NHS Business Services Authority. They were dispensed and endorsed by a locum when pharmacist David Spencer was on holiday.

"Mr Spencer," she says. "Please can you explain why these have been returned?"

"Certainly," replies David. "Why don't you read them out to me?"

"Ketoconazole cream 2 per cent 30g. Apply twice daily for pityriasis versicolor.' They've sent back a photocopy of the script with 'Disallowed' across it. The second is for a liquid nutritional supplement. It's prescribed by brand name and the script says '24 x 220ml. Assorted flavours. ACBS.' The locum has endorsed it in the margin as '24 x OP' and eight in the number of items box. And the last one is for a combined oral contraceptive that comes as a pack of 3 x 21 tablets. The doctor has written 'Three months' supply' and the locum has endorsed the script '3 x OP'."

"All right," says David wearily. "I'll explain why they've been sent back. But it makes me wonder whether it's worth going on holiday."

Questions

1. Why have these prescriptions been returned?
2. Is there any way that reimbursement can be obtained for the disallowed ketoconazole cream?



This article forms part of the following CPD activity: Competence in C7b, G1. Visit www.tinyurl.com

Energizer hits top spot

Energizer batteries have seen their best ever results in the UK battery market data. The company says it is the only branded battery manufacturer to see year on year growth (up 7 per cent), with sales topping £90 million and is now the number one battery in impulse purchases, rechargeables, specialist and photo lithium.

The brand will continue to sponsor The Gadget Show on Channel 5.

Product info:

Energizer UK
Tel: 020 8882 8661

More Family Doctor titles

'Understanding Indigestion & Ulcers' and 'Understanding Eyes: Cataracts, Glaucoma & Macular Degeneration' are the newest titles added to the Family Doctor series of books, priced at £4.75.

'Understanding Indigestion' looks at common digestive symptoms and helps patients to distinguish between those that can safely be treated in the pharmacy and those which need to be seen by a doctor.

'Understanding Eyes' looks at common eye problems that can affect older people and explains their causes and treatments.

Price: £4.75

Product info:

Family Doctor Publications
Tel: 01202 668330

Doc Steele on the web

TV doctor Chris Steele has launched his own health website for consumers.

Dr Steele's website, which can be found at www.thefamilygpp.com, will provide consumers with the latest health news and medical information as well as commentary and product news.

Product info:

www.thefamilygpp.com

Cura-Heat fulfils refill demands

The Cura-Heat range has been extended with the addition of a refill pack. Cura-Heat Arthritis Pain Refill pack contains six heat pads that can be used with the elasticated wrap.

The company says the launch is in response to consumer demand. "We had hundreds of calls and letters requesting refill heat pads so we responded as quickly as possible to consumer demand," says marketing manager Richard Noal.

Cura-Heat Back Pain and Arthritis products will be supported with television advertising this autumn.

Price: £4.99

Product info:

Kobayashi
Tel: 01628 478555
www.kobayashihealthcare.com



Fisherman's Friend backs Cherry flavour with campaign



Fisherman's Friend is being backed by a £750,000 campaign of press advertising and sampling for the winter season. Adverts will appear in newspapers including the Sun and the Mirror.

The campaign will run from October until the end of February and will feature the new Cherry Menthol variant with no added sugar.

The company is offering pharmacists a free box of the Cherry Menthol variant when they buy any

three boxes across the 25g range.

In addition, more than half a million samples of Cherry Menthol will be given away at universities, sporting events and major stores.

Price: 65p/25g

Product info:

Jenks Sales Brokers
Tel: 01844 293600

BROLINE PRESCRIBING INFORMATION

Presentations: Eye Drops containing Propomidine Isetonate 0.1% w/v. Eye Ointment containing Dibromopropomidine Isetonate 0.15% w/w. **Indications:** Treatment of minor eye infections. **Dosage & Administration in Adults (including the elderly) and Children:** Eye Drops. One or two drops applied topically up to four times a day. Eye Ointment Apply once or twice daily into the eye. **Contraindications:** Hypersensitivity to ingredients. **Precautions and Warnings:** Blurring of vision may occur on instillation. Patient should not drive or operate machinery until vision is clear. If vision becomes disturbed, symptoms become worse or no significant improvement occurs after two days use, treatment should be discontinued and medical advice obtained. Eye drops or the ointment are unsuitable for use with hard or soft contact lenses. **Pregnancy:** Should not be used during pregnancy or lactation unless considered essential by a physician. **Adverse Effects:** Hypersensitivity. **Legal Category:** P. **Pharmaceutical Precautions:** Store below 25°C. Eye drops should be discarded 28 days after first opening (7 days in hospital). Eye ointment should be discarded 28 days after opening. **Product License number:** Eye Drops 10ml bottle - PL04425/0197; Eye Ointment 5g tube - PL04425/0198. **Retail Price:** Eye Drops 10ml bottle - £4.59; Eye Ointment 5g tube - £4.79. **Marketing Authorisation Holder:** Aventis Pharms Limited, 50 Kings Hill Avenue, Kings Hill, West Malling, Kent ME19 4AH. Further information is available from sonofi-aventis, One Onslow Street, Guildford, Surrey, GU1 4YS. **Date of Preparation:** June 2006

BROCHLORE EYE DROPS PRESCRIBING INFORMATION

Presentation: Eye drops containing chloramphenicol 0.5% w/v. **Indications:** Treatment of acute bacterial conjunctivitis. **Dosage and Administration:** Adults and children aged 2 and over. One drop applied to affected eye every two hours for the first 48 hours and 4 hourly thereafter. Treatment should be continued for 5 days, even if symptoms improve. **Contraindications:** Hypersensitivity to ingredients. Known personal or family history of blood dyscrasias including aplastic anaemia. **Precautions and warnings:** Prolonged use (greater than 5 days) should be avoided unless approved by a doctor, as it may increase likelihood of bacterial resistance. Medical advice should be obtained if there is disturbed vision, eye pain, photophobia, eye inflammation with sclop/eye rash, cloudiness of eye, unusual pupil or suspected foreign body in eye. Refer to doctor if past medical history includes recent conjunctivitis, glaucoma, dry eye syndrome, eye/laser surgery in last 6 months, eye injury, other eye drops, contact lens use. Contact lenses should not be used during treatment. Soft lenses should not be replaced for 24 hours after treatment. If symptoms do not improve within 48 hours, or get worse, refer to doctor. Excipient phenylmercuric nitrate can cause mercuriolentis and atypical band keratopathy. **Interactions:** Avoid use with drugs liable to depress bone marrow function. **Pregnancy:** Not recommended for use during pregnancy or lactation. **Adverse Effects:** Transient blurring of vision. Avoid driving unless vision is clear. See SPC for full details on side effects. **Pharmaceutical precautions:** Protect from light. Store between 2°C and 8°C. **Legal Category:** P. **Product licence number:** PL04425/0366. **Retail Price:** £4.75. **Date of preparation:** June 2006. **Marketing Authorisation Holder:** Aventis Pharms Ltd, 50 Kings Hill Avenue, Kings Hill, West Malling, Kent, ME19 4AH. Further information is available from sonofi-aventis, One Onslow Street, Guildford, Surrey, GU1 4YS.

Information about adverse event reporting can be found at www.yellowcard.gov.uk. Adverse events should also be reported to the sonofi-aventis Drug Safety Department.

EYE TROUBLE?

LET THE BRO'S SORT IT



With Brolene and Brochlor, you can be sure you're stocking the right pair for handling eye infections.

While Brolene is still very tasty at sorting minor eye infections, including bacterial conjunctivitis, blepharitis and eyelid infections, there's now "Big Bruv" Brochlor, which contains chloramphenicol, for when you need to hit acute bacterial conjunctivitis hard. By choosing Brolene for minor problems and saving Brochlor for the tougher ones, you will have the option to take appropriate action. So if you have an eye condition causing trouble, the Bro's have got it covered.

If you would like more information about Brochlor or Brolene, and copies of training materials and point of sale items, contact your local Laser Healthcare Pharmacy Business Manager or call sanofi-aventis on: **01483 505515**.

Brolene & Brochlor - more focused eye care.

Light box provides solution to an annual SAD situation

Seasonal Affective Disorder (SAD) affects some two million people in the UK and the condition kicks in as the days get shorter.

Light therapy has been proven to help symptoms of winter depression and recent trials showed it to be more effective than fluoxetine.

The SAD Light Hire Company is introducing the Litebook V2 this autumn, said to be the only totally portable LED light therapy product on

the market. It should be used for around 15 to 30 minutes each morning.

**Price: £95.74 trade;
£149.99 retail**

Product info:
The SAD Light Hire Company
Tel: 0870 143 6702

Action moves from Adidas

Adidas Action 3 is a new type of antiperspirant, which is said to absorb sweat from skin.

The formulation contains an Active Absorbant Complex that soaks up moisture as well as antiperspirants to stop sweating and antibacterials to fight odour.

The formulation is said to give 81 per cent moisture control.

Adidas Action 3 comes in four variants. Intensive for ultra protection, Sensitive with aloe vera, Fresh for a just-showered

feeling and Pure, an unperfumed variant. The men's aerosol is supplied in black cans and the women's in white.

**Price: £2.29/200ml
£2.59/250ml**

Product info:
Coty
Tel: 01233 656366

How did this Sexual Health product become a highly profitable OTC best-seller?

No one could have predicted the huge amount of new repeat business that **STUD 100** Desensitizing Spray for Men would attract when counter displays and leaflets were placed in High Street Chemists throughout the UK. It just shows how rapidly the market is changing!

STUD 100 is welcomed by consumers because it responds to a real need AND BECAUSE IT WORKS! It is also fully licensed by the MHRA as a P product. **STUD 100** was developed to help manage over-rapid ejaculation (it contains lidocaine 9.6% w/w), and it can also help to reinforce a couple's sexual confidence – one of the many reasons behind its dramatic sales success.

STUD 100 is packed in display trays of 12 cans. It costs £2.75 per can and retails for about £5.30. Consumer leaflets, leaflet dispensers and posters are provided FREE OF CHARGE with every order.

A consumer advertising campaign starts soon.



For more information & to place an order, contact:
Pound International Ltd., 109 Baker Street, London W1U 6RP.
Tel: 020 7935 3735. E-Mail pound@dia1.pipex.com.

www.stud100.co.uk

ALWAYS READ THE LEAFLET LABEL

Dulcolax is making waves



Dulcolax is getting new-look packaging across the range of tablets, perles and new DulcoEase stool softener.

All packs will now feature the wave design and will highlight the key benefits of Dulcolax as "predictable and gentle relief from constipation".

To coincide with the repackaging

the Dulcolax brand will be backed by a press advertising campaign, which will feature the slogan: "A predictable way to restart your natural rhythm."

Product info:
Boehringer Ingelheim
Tel: 01344 424600

Snappy offer for digital prints

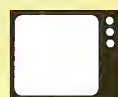
The Sony SnapLab is a new desktop digital photofinishing printer that will allow pharmacists to offer competitively priced digital printing services.

The SnapLab is the world's smallest stand-alone photofinishing printer. Sony is offering the first 100 retailers to place orders the equivalent of 800 free prints plus the chance to win a Sony LCD television.

The printer will fit on the smallest counter top and doesn't need a computer connection.

Price: £1,250

Product info:
Sony
Tel: 0870 696 9456
www.sonysnaplab.co.uk



Products advertised on TV next week

Bassets Soft & Chewy Omega-3: GMTV, Sat
Canesten Duo: All areas
Clearblue Digital Pregnancy test: All areas
Cura-Heat Arthritis Pain Knee: C4, five
Cura-Heat Back & Shoulder Pain: C4, five
Cura-Heat Arthritis Pain Wrist: C4, five
Deep Heat patch: C4, GMTV, Sat
TENA Lady Mini Magic & TENA pants: All areas
Voltral Emulgel P: All areas except GMTV, Sat
PharmaSite for next week: Anadin – Windows, Anadin – In-store, Allergan – Dispensary
Pharmacy channel: Eucerin, Canesten HC, Solpadeine Migraine

A-Anglia, B-Border, C-Central, C4-Channel 4, five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

The Pharmacy Show – only three weeks away

The Pharmacy Show takes place at the NEC Birmingham on October 15-16.

Over 150 key industry suppliers will be represented at the show, giving visitors the opportunity to see a selection of new products as well as to benefit from a range of special offers. Here are just some of the new products to look out for at The Pharmacy Show.

- The Harrogate Sulphur Soap Company will be launching a new range of skincare toiletries for the UK retail pharmacy sector.

The products all contain sulphur and spring water from Harrogate's 'Old Stinking Well', and are aimed at helping sufferers from skin problems such as



psoriasis, eczema and acne.

- Phytoceuticals develops natural skincare products which merge traditional oriental principles with western cosmetic science. The company will be introducing four new products and will be giving away samples. It will also have a special offer on orders.

- Cameron-Graham is demonstrating the Opticare and Opticare Arthro eye

Medical Futures Innovation Awards in 2005.

These simple devices support both patient and DDA compliance, and can be medically prescribed or sold over the counter by pharmacists.

The company is offering a 15 per cent discount on all orders taken at the show.

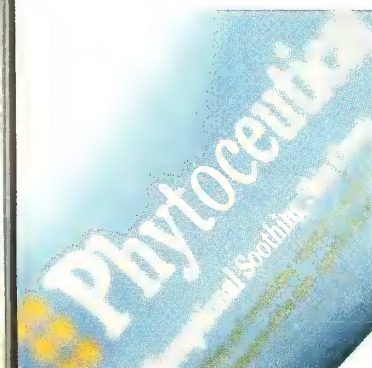
- Visitors interested in point of sale equipment should visit Geller Business Machines which is launching two new models designed specifically for pharmacy and at special prices to NPA members.

- Chefaro UK will introduce a new product in its best-selling Lyclear head lice treatment range.

- Abidec will be highlighting two new additions, specially formulated for the child to pre-teen market and include vitamins and omega 3 fish oil.

Don't forget, if you pre-register for the show you will be entitled to a free gift of a thermal mug.

For more information see www.thepharmacyshow.co.uk.



drop dispensers, which won the Johnson & Johnson award for Best Medical Device Innovation at the

Best practice in muscle and joint pain

Analgesic suitability and the cornerstone concept



Dr Ali S M Jawad
MSc FRCP FRCPEd
Consultant rheumatologist
at The Royal London Hospital

Although a number of over-the-counter (OTC) analgesics are available for the treatment of mild-to-moderate muscle and joint pain, paracetamol is generally considered to be the first choice. This is based on its general safety profile, few significant drug interactions and proven efficacy, which makes it suitable not only for adults, but also for children and the elderly. In contrast, non-steroidal anti-inflammatory drugs (NSAIDs) have been shown to increase the risk of gastrointestinal problems, and also the risk of adverse events in patients with asthma or cardiovascular disease.

Professional bodies, including the British Society for Rheumatology,¹ the American College of Rheumatology,² and the European League against Rheumatism,^{3,4} consistently recommend paracetamol as the initial analgesic in the management of mild-to-moderate joint pain (e.g. osteoarthritis or mild arthritis), including hip and knee pain. However, if pain worsens or paracetamol does not give adequate pain relief on its own, the following steps may be taken:

- Fast-acting or soluble paracetamol formulations should be considered, as patients often equate speed of action with efficacy. However, no clinical studies have yet assessed this in joint pain.
- Caffeine can enhance the absorption and also the analgesic effect of paracetamol.⁵ Codeine can be combined with paracetamol to increase the analgesic effect.²⁻⁴
- Topical NSAIDs, such as diclofenac, have a superior safety profile and similar efficacy to oral NSAIDs, and can be used with or without paracetamol.^{2,3}
- For pain flare ups, an oral NSAID (at the lowest effective dose) can be taken alongside paracetamol. This can enhance pain relief while limiting the risk of adverse events associated with NSAIDs.⁴

Paracetamol, therefore, is the cornerstone in the management of musculoskeletal pain. It is the first-line analgesic choice in mild-to-moderate pain; however if the pain worsens, other drugs may be added.

References: 1. Scott DL J R Coll Physicians Lond 1993;27:391-396. 2. American College of Rheumatology Subcommittee on Osteoarthritis Guidelines. Arthritis Rheum 2000;43 1905-1915. 3. Jordan KM et al. Ann Rheum Dis 2003;62:1145-1155. 4. Zhang W et al. Ann Rheum Dis 2005;64 669-681. 5. Migliardi JR et al. Clin Pharmacol Ther 1994;56:576-586.

This is the second article in a 4-week series sponsored by Paradol®

NEXT MONTH We look at the challenges of managing patients on polypharmacy and with comorbidities

Paradol Tablets are for the relief of mild-to-moderate pain and fever. Further information is available from GlaxoSmithKline Consumer Healthcare, Brentford, Middlesex TW8 9GS. Legal status: 16s GSL, 32s P. PANADOL is a registered trade mark of the GlaxoSmithKline group of companies.

Paracetamol





Jim Smith

The professional practice and business of community pharmacy is changing radically, and at a rate not seen since the establishment of the NHS in 1948. The reforms are long overdue – they reflect the tidal wave of health reform that threatened, until recently, to bypass community pharmacy. They are reflected in work towards new contracts in the four countries of the UK.

The new contracts, and the wider health reforms, offer the opportunity for pharmacy to move to the centre stage of primary healthcare, from a position on the margin where so many potential benefits for patients remained unrealised and so many pharmacists felt unfulfilled.

CASE STUDY

Terry Maguire, community pharmacist in Belfast and chair of the CPWG

Bernadette Smith is a 63-year-old widow who lives alone. She is overweight (BMI 33.2), a smoker (20 cigarettes a day for 40 years) and was diagnosed with type 2 diabetes seven years ago. She lives in the flat over the fruit shop she used to run with her husband.

It's January and Bernadette visits the pharmacy to collect her monthly prescription. During the visit she is offered the new Medicines Management Service, a scheme paid for by the Department of Health for Northern Ireland. It involves a 30 minute meeting with the pharmacist during which her current medicines are reviewed, an action plan is completed and recommendations sent to her GP.

During her review, the pharmacist addresses Bernadette's weight and smoking. It's clear that she is getting little exercise and that she eats an unhealthy diet. She has tried to stop smoking on her own but failed. Her blood glucose record shows that 90 per cent of her test results are above 8.00 mmol/L; some are as high as 17.00 mmol/L. Currently she is only taking metformin 500mg, tds. The pharmacist recommends adding a sulphonylurea even though it could complicate her obesity. She is referred to the community

The Change Challenge: Conclusion

This final article of the series highlights pharmacy's opportunity to move centre stage in primary healthcare and summarises key steps that community pharmacists must take to meet the Change Challenge

"I envy young pharmacists the opportunities now opening up for them; I wish I was 30 years younger. I never thought I would see these changes in my professional lifetime" (Community pharmacy owner).

The reforms offer the prospect of benefits for patients, for the NHS and for the profession. But achieving change and making the benefits a reality – even when the outcome is so manifestly desirable – is never easy.

That is why in this series of articles we have examined some of the challenges facing pharmacists and given practical examples of how to overcome barriers to change.

In the first article Terry Maguire outlined the principles of organisational change, linking these to some real issues in his own pharmacy. He stressed

how important it is to recognise the need for change: too many of us do this only when forced to, and then it can be too late to shape change effectively.

Certainly, such a reactive approach is risky in the current climate. For the direction of travel is clear. Government is driving the NHS to tackle fundamental health priorities such as cancer, cardiovascular disease and other long-term conditions. It sees patient choice and self-care as key to achieving health gain. And it is driving structural and service delivery changes that will deliver these aims. Government is also tackling public health and prevention of illness with unprecedented vigour, most notably on smoking but also in sexual health, obesity and many other areas.

These policy drives are likely to be sustained through any change in leadership in the current government and also any future Conservative administration. The old-style monolithic NHS simply cannot meet modern needs. There is increasing evidence that the solution is local health organisations empowered and resourced to meet local needs.

There are clear differences in approach in the four countries of the UK. These reflect the differing political contexts and are likely to continue to diverge. For example, policy in England places particularly heavy emphasis on choice, on devolution of power to PCTs and on private sector involvement – its proponents claim success, notably in reducing waiting times, but the other countries are more cautious. In pharmacy, we

It's September: Bernadette remains smoke free, has lost three stone and has been using insulin for a month. She is delighted that her blood glucose is now under control and hopes that this will be reflected in her HbA1c when she next visits the GP.





I envy young pharmacists the opportunities now opening up for them; I wish I was 30 years younger. I never thought I would see these changes in my professional lifetime

Community pharmacy owner

Six key steps for action

- Analyse clearly your business needs and set objectives for change in your business plan in the light of local health strategies.
- Communicate with your GPs and primary care organisations to gain understanding and support.
- Invest in training and CPD to build skills and confidence in developing new services.
- Promote your services and engage patients and the public in pharmacy's new roles.
- Manage actively your time and that of your staff.
- Delegate and make maximum use of skill mix.

therefore see an English contract which gives PCTs almost total discretion in commissioning enhanced services while Scotland has consolidated key clinical services in the national core contract. Similarly, Scotland has rejected significant change to control of entry regulations but England has introduced major exemptions, in line with wider policy on choice and competition.

The opportunities for pharmacy in all of this – and the threats – are obvious. Pharmacists who are able to read their local health priorities and policy context, plan accordingly and deliver effectively can make a greatly increased contribution to healthcare, and reap the rewards for doing so. And there really is no alternative to engaging with this agenda; it is not going to go away.

Dispensing will always be important, given that medicines are so central to healthcare and predominantly provided through pharmacies. But it would be unwise to assume that current

models of dispensing will continue.

Expect the NHS to look for developments in pharmacy that further shift the emphasis away from dispensing and towards services that make best use of the skills of pharmacists and their staff to deliver specific health gains. Pharmacists can and should provide services in many of the key health priority areas. There are already many excellent examples where pharmacists are delivering extended clinical services and providing real benefits to patients. The evidence base is growing steadily and the recent introduction of independent prescribing by pharmacists extends the potential still further. The case study (see box) shows how much pharmacists are already doing to improve people's care through extended services. Cases like this show how pharmacy can contribute to health improvement: smoking remains the biggest avoidable cause of ill health, there are an estimated 2.85 million people with diabetes in the

About the author

Jim Smith

Jim Smith is Professor of Pharmacy Practice and Policy, University of Sunderland, and a member of the Community Pharmacy Working Group.

UK and the evidence to support pharmacists' effectiveness in both areas is excellent.

But a successful new service doesn't happen overnight. It takes careful negotiation, planning and implementation. We have tried to highlight some of the key steps in this series of articles.

Pharmacists are busy people and finding the time to plan and develop new services can be daunting. So in the second article, Satyan Kotecha outlined his approach to time and business pressures and how his prescription collection service, ordering system and design of his consultation area help free up precious time. Your services can only be delivered by your people – you can't do it all yourself.

In the third article, Matthew Price therefore stressed the importance of leadership, and effective delegation and use of staff. This area will become even more important when pharmacists gain new powers to delegate to technicians under the Health Act 2006. Training is key to success and Clare Kerr, in the fourth article, described the approach to training and CPD in her company, in particular training to undertake MURs. Of course, nothing will happen without the support and engagement of your patients. In his article, Jonathan Burton set out how to increase awareness of new services, and how to recruit patients for MURs and other new services. Finally, local GPs and PCOs are key stakeholders whose support is essential; Paul Benson examined the challenges this brings and how to overcome them.

The essence of these six articles can be encapsulated as six key steps for action (see box).

Conclusion

There can be no 'one size fits all' template for service development. We have tried in these articles to show what has worked for six successful pharmacists and something of their thinking on tackling change. Others will no doubt be able to improve on this. But we believe that, to succeed in the change challenge, pharmacists must embrace all of these six themes. We hope we have shown that the status quo is not an option. The rewards for successful change are great: better care and health outcomes for patients, greater efficiency for the NHS, and the professional and business development of community pharmacies, taking their rightful place at the heart of primary care.

This article is supported by GlaxoSmithKline

GSK and the Community Pharmacy Working Group

GSK supports the work of the Community Pharmacy Working Group as part of its ongoing commitment to assist pharmacists in their growing role in the NHS primary care service. Pharmacists are at the frontline of patient care, and we at GSK recognise we can play a role by providing resources in areas where we have expertise. That is why we offer the +Plus Medicines Support Services, available free of charge to all community pharmacists.

+Plus Medicines Support Services are practical and rewarding initiatives to help pharmacists offer a wider range of clinical

services to their customers and improve management of patients with long-term medical conditions such as asthma, diabetes and epilepsy. Other elements of +Plus Medicines Support Services, including time management and communication skills programmes, support pharmacists in the efficient management of their businesses and professional development.



Preventing gum disease

Regular effective oral hygiene goes a very long way in the prevention of gingivitis and periodontitis



Derek Balon

This week's Pharmacy Update (p25) focuses on gum disease, its causes and treatment. This article explains the importance of oral hygiene in preventing gingivitis and periodontitis.

The role of plaque

There is considerable evidence of a relationship between plaque and tooth/gum problems. Work in 1965 demonstrated that the accumulation of plaque on healthy gingiva produced gingivitis and, after reinstating oral hygiene measures, inflamed gingival tissue reverted to its healthy state.¹ Subsequent work showed that dental caries failed to develop in the absence of plaque, even in patients with high carbohydrate intake. It is now recognised that gum disease is rare in the absence of plaque.

Plaque forms at the gingival margins on all teeth and, if not removed, reaches its maximum in a week. It develops to a different degree on different teeth – location and local tooth environment being factors. Unfortunately teeth are not self-cleaning: plaque development occurs whatever food is eaten, including rough or coarse materials. This is especially true of the neck of the tooth, in the interdental spaces and at the gingival margin and the gingival sulcus.

Three major tools are required to clean teeth: a

toothbrush, an interdental/interproximal cleaning tool and floss.

Toothbrush requirements

There is no agreed ideal toothbrush but the general consensus suggests it should have:

- A handle appropriate to the age and grip of the user.
- A head of appropriate size for the mouth.
- Rounded ends of nylon or polyester filaments, less than 0.02286cm in diameter.
- A bristle pattern that enhances plaque removal.

There is little evidence that one proprietary toothbrush design is better than another. Therefore it is prudent to select a toothbrush with soft or medium textured rounded-end filaments as hard filaments are more likely to injure the gums. It is advisable to replace the brush every three months; if the filaments are splayed, you've waited too long.

Battery powered toothbrushes are an alternative to manual. A systematic review used as its outcome quantifiable levels of plaque or gingivitis.² It found few acceptable trials but most reported were for rotational oscillation toothbrushes. For these there was a significant improvement compared with manual brushing in plaque and gingival scores over one to three months, and in studies longer than three months.

The type of toothpaste is of little importance, except for preventing caries where fluorides are essential

The review concluded that: "Using a toothbrush of any type with fluoride toothpaste will reduce tooth decay. Rotational oscillation powered brushes also reduce plaque and gingivitis, compared with manual brushing ... and ... the balance tilts in favour of powered toothbrushes."

An electric brush may be helpful for patients with arthritis, Parkinson's disease or other problems affecting dexterity.

Brushing technique

The manner in which the teeth are brushed is probably the most important factor in determining healthy teeth. The American Dental Association suggests:

- Place the toothbrush at a 45° angle to the gums.

Clinically proven to put some Vitality into your sales

Did you know that over three quarters of UK dentists recommend using a powered toothbrush?

Now, Oral-B has launched the new Vitality range of rechargeable brushes that are clinically proven to do a better job than a manual brush* and at this affordable price, they'll practically sell themselves.

The squeaky-clean challenge

Moving at almost 8,000 times per minute, we challenge you not to notice the new squeaky-clean, fresh feeling it'll leave in your mouth.

*Data on rotating models

£24.99



Precision Clean

Clinically proven: 2x plaque removal vs manual brush.

Small but highly effective, it cups each tooth individually and powerfully sweeps away twice the amount of plaque that an ordinary, manual toothbrush does, even at the back of the mouth.

Soft on gums. Oral-B unique round-ended flexible bristles can gently stimulate gums.

ProWhite

ProWhite uses the high speed rotations of Oral-B Vitality with a unique rubber polishing cup to give an excellent polish which removes stain to reveal your teeth's natural whiteness.

Dual Clean

Two movements in one. A bigger head offering two high speed movements. Cups the teeth and massages gums.

Sonic

Cleans deep and stimulates gums. Combines the high speed sweeping motion of sonic technology and angled CrissCross™ bristles to effectively remove plaque and improve gum health.

Close, comfortable control. Features a manual style brush head for individual control during brushing.



- Move the brush back and forth gently in short strokes.
- Brush the outer surfaces, the inside surfaces and the chewing surfaces of all teeth.
- To clean the inside surface of the front teeth, tilt the brush vertically and make several up-and-down strokes.
- Brush your tongue to remove bacteria and keep your breath fresh.

Based on observational studies, it would appear that the removal of harmful plaque can be achieved by brushing twice a day. However, a study showed that the gingiva can remain healthy with complete removal of plaque by brushing even every second day.³

Interdental devices

These devices are designed to remove debris and plaque from the spaces between the teeth. They include small 'bottle brushes' in which the thickness of the wire supporting the filaments varies, typically from 0.5 to 0.9mm. This variation allows the user to select the thickest diameter brush that just penetrates the interdental space. The brush is then oscillated several (five to 10) times at right angles to the teeth, cleaning the surfaces between the teeth. By selecting brushes of differing diameter it is possible to clean adequately between most teeth.

Also available are thin sticks with a rough surface (like emery boards), which are used in a similar manner.

Floss

This helps remove debris and plaque between the teeth in the interdental space where the brush or stick device cannot reach. It also massages the gums in these difficult to reach areas.

There are two types, waxed and unwaxed, and arguments that favour both. Some dentists believe the waxed variety deposits wax between the teeth, which act as a focus for deposition; others feel that the loose fibres of the unwaxed variety similarly act as foci. The method of use is:

- Break off about 45cm of floss.
- Hold the floss taut and pull towards the gum.
- Bend around each tooth in a C shape.
- Scrape up and down each side of each tooth, changing the direction of the C for each opposing surface. Each stroke in the gum direction should meet slight resistance from the gum, ensuring that as much as possible of the gingival margin is cleaned.

Antiseptic mouthwashes

Although chlorhexidine and hexetidine have been shown to prevent plaque build up, the consensus view is that chemical methods of plaque control are short to medium term and they are not a substitute for mechanical cleaning (more detail in this week's Pharmacy Update, p25).

Toothpastes

Toothpastes consist of an abrasive, a surfactant, a humectant, a binder/thickener, a sweetener, flavouring agents and fluoride. The abrasive should provide maximum cleaning power with minimum damage to the tooth surface. Abrasive toothpastes should be reserved for patients who have been advised by their dentist to use them. Excessive or prolonged use of such products may lead to tooth hypersensitivity.

Some toothpastes claim to remove plaque and

How to brush



Place the toothbrush at a 45° angle to the gums



Move the brush back and forth gently in short strokes



To clean the inside surface of the front teeth, tilt the brush vertically and make several up and down strokes



Brush your tongue to remove bacteria and keep your breath fresh

tartar or to kill the bacteria that cause plaque. However, all toothpastes, including natural ones without additives of any kind, remove plaque provided the correct toothbrushing procedure is adopted. No product can remove tartar below the gum line, although anti-tartar or 'tartar control' toothpastes help prevent tartar from building up on the teeth. When used properly, inexpensive fluoride toothpastes remove plaque just as thoroughly as speciality toothpastes.

In conclusion, mechanical cleaning with a toothbrush is essential to reduce the incidence of periodontal disease. The type of toothpaste is of little importance, except for the prevention of caries where fluorides are essential. The key factor is the method of brushing.

Further reading

Oral hygiene in the prevention of caries and periodontal disease. Loe H, Int Dent J, 50, 129-139: 2000.

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1. Loe, H, Theilade, F, Jensen, B, Perio, J. Experimental gingivitis in man. 1965 36:177-187.
2. Deery, C et al. The effectiveness of manual versus powered toothbrushes for dental health: a systematic review. Journal of Dentistry 2004 32: 197-211.
3. Loe, HA. Review of the prevention and control of plaque. In: Mc Hugh, W. (ed) Dental Plaque, Edinburgh: Livingston, E & S. 1070 p359-270.

Perik Balon FRPharmS is a visiting lecturer at King's College London and a proprietor pharmacist.

An exhilarating launch

Dentyl pH launched its Exhilaration mouthwash in June containing a new breath freshening ingredient, Zabactyl, which has been proven to uniquely inhibit production of volatile sulphur compounds (VSCs), which are the main cause of bad breath.

Dentyl pH Exhilaration contains relatively high levels of menthol to create an "icy-cool" in-mouth sensation that it is hoped will encourage users to use the product more than once a day. Dentyl pH Exhilaration is available in icy-fresh cherry flavour (pink and lilac) and a more powerful icy-fresh mint (blue and lilac).

Fresh Breath, tel: 020 7935 1492



Acid erosion on the increase

More than 90 per cent of UK dentists have reported seeing cases of acid erosion on a weekly basis and this condition could be as much of a threat to teeth this century as cavities were in the 20th century, according to a report by GSK.

Acid erosion occurs when acid comes into contact with teeth, temporarily softening the tooth's enamel surface. During brushing, the softened enamel can be more easily worn away and become thinner over time.

Many foods and drinks, including fruit tea, balsamic vinegar, wine and some fruits, have been identified as a cause of acid erosion. It is the increasing longevity of teeth today combined

with the modern diet that means the effects of acid erosion are more common and noticeable – and the effects are irreversible.

The report, 'Acid Erosion: A growing issue for 21st century dentistry', explains that the majority of people will not be aware that they are suffering from the condition and will often only seek the advice of their dentist once the condition is advanced.

Early signs of acid erosion can include tooth sensitivity when consuming hot or cold food and drinks, and a slight yellow appearance as the tooth enamel becomes thinner, exposing the underlying dentin. ►

Promotion

New product from Replens

The makers of ReplensMD, the non-hormonal Vaginal Moisturiser, have used their expertise in vaginal health to create a new product now being launched under the famous brand – **Replens Intimate Gynaecological Wash Bar**.

The new 100g wash bar has been formulated by gynaecologists specifically to provide gentle cleansing to the intimate area.

A prescribed product over seas,

Replens Intimate Wash

Bar is 100% soap free and pH balanced so it will not cause vaginal dryness or irritation or disturb the healthy balance of vaginal flora which naturally protects from infection.

It also contains ingredients with antibacterial and antifungal properties as well as the

soothing properties of rosemary to provide a gentle, refreshing cleansing experience.

Recommended for use during a bath or shower to help maintain intimate hygiene as part of a normal cleansing routine and also in special circumstances such as after intercourse, during menstruation or during other gynaecological treatment which may cause unpleasant discharge.

With consumer advertising and sampling planned from September 2006, **Replens Intimate Gynaecological Wash Bar** 100g is available now through wholesalers (PIP 232-1404).

The product has not been tested on animals and contains no animal derivatives.

For further information visit www.replens.co.uk or call 01438 743070



Oral-B goes sonic

Oral-B has extended its range of entry-level power toothbrushes with the launch of the Oral-B Vitality Sonic.

Oral-B brand manager Steven Davey comments: "Research has shown that there is a market for an entry level sonic brush. We believe there is huge potential to expand the number of consumers who buy power toothbrushes."

The Oral-B Vitality Sonic removes plaque while gently stimulating gums. Each product in the Oral-B Vitality range has its own bespoke brushhead to suit a different consumer benefit. Rrp £24.99.

Oral-B Laboratories, tel: 0800 781 1792



Big mouth strikes again

As pharmacists' role in public health increases, dental care will become an important area for advice and referral

Steve Bremer

Pharmacists may have noticed an increase in queries about oral health since April, when the new national contract for dentists was launched. This will have reduced access to NHS dentistry for many patients as it caused more than 2,000 dentists to withdraw from the NHS completely.

As well as advice on analgesia, patients may be more likely to ask for advice on dental products. Innovative, premium new product developments and changes in purchasing habits are the main drivers of this market as consumers become increasingly health and beauty conscious, says Steven Davey, Oral-B brand manager.

Oralcare products are becoming increasingly specialised, he says. "Oralcare is now made to suit individuals, with specific end-benefits for a multitude of consumer needs and special mouth requirements."

Toothpaste is the largest sector of the dental care category and with penetration standing at 88.6 per cent of individuals there is little opportunity to grow the market by attracting new users, says Jon Sandy, oralcare category manager at GlaxoSmithKline Consumer Healthcare. However, consumers are trading up to premium toothpastes which offer additional benefits (such as whitening and sensitive) as they demand more from their everyday toothpaste.

Toothbrush purchase frequency stands at 2.1 per year, well below the 4.0 per year recommended by dentists and increasing frequency is a major challenge for the category, says Mr Sandy. Penetration (by individuals) stands at 61.6 per cent – higher than last year but still leaving considerable potential for growth.

The mouthwash market is split into standard and medicated products, with regular mouthwashes showing the strongest performance, up 13.5 per cent. Penetration is up to 37.7 per cent compared to 34.8 per cent in the corresponding period last year.

"Although this is a steady, positive trend, it is still low compared to other oralcare sectors and there is considerable potential for development and growth," says Mr Sandy.



Consumers are trading up to premium toothpastes with additional benefits

Poligrip on TV



GlaxoSmithKline Consumer Healthcare is supporting its new Poligrip ComfiSeal Strips with a £1.4 million launch campaign running through to mid-November.

The pre-cut, denture adhesive strips are convenient for daily use. They provide strong all-day hold and seal out food particles. Poligrip ComfiSeal Strips can be used for upper, lower and partial dentures.

GlaxoSmithKline Consumer Healthcare, tel: 0845 762 6637

Pronamel resists acid attack

GlaxoSmithKline Consumer Healthcare launched Sensodyne Pronamel toothpaste in April – specifically formulated to help protect teeth from the effects of acid erosion.

Sensodyne Pronamel works by helping to harden tooth enamel – making it more resistant to further acid attack. It is also low in abrasion and is pH neutral, therefore limiting further wear during brushing.

GSK is supporting the whole Sensodyne brand this year with an £8.96 million spend. The on-going campaign will also be up-weighted with extra spend in September, before continuing on a week-on-week-off basis until



at least the end of October.

Product focus is on Sensodyne Total Care F and Sensodyne Gentle Whitening. The TV is being reinforced by a national press campaign with ads in monthlies, weeklies and supplements, which will continue until the end of November.

GlaxoSmithKline Consumer Healthcare, tel: 0845 762 6637

Top 10s for teeth

Adult toothpaste	Mouthwashes	Non-electric toothbrushes
Colgate Total	Listerine	Own label
Aquafresh	Grocery own label	Colgate
Colgate Ultra	Dentyl pH	Oral-B Cross Action
Own-label standard	Colgate Plax	Reach
Colgate Whitening	General own label	Wisdom
Sensodyne	Macleans Complete	Oral-B Advantage
Colgate Sensation	Care	Aquafresh
Colgate	Oral-B	Oral-B Indicator
Colgate Triple Cool	Fluorigard	Macleans
Macleans Whitening	Sensodyne Mouthrinse	Oral-B Character
	Reach Junior	

Unit sales, to end of June 06, according to IMS Pharmatrend



Listerine makes an Advance

Pfizer Consumer Healthcare (PCH) has repackaged its Listerine range and added Listerine Advanced Tartar Control to its portfolio.

Listerine Advanced Tartar Control contains zinc chloride, which actively inhibits discoloring tartar build up and helps to keep teeth white.

Carrie Richardson, brand manager for Listerine, says: "We've recognised that more and more consumers are looking for oral healthcare products that protect the health of their teeth while catering for the cosmetic appearance of their

smile. What Listerine Advanced Tartar Control offers is the marriage of what is recognised by consumers as a reliable and effective brand, with the promise of a proven formula to help keep teeth naturally white, bright, and healthy."

The repackaging for the whole range emphasises Listerine's core claim that it reduces plaque by up to 56 per cent more than brushing alone and will be supported with a multi-million pound advertising campaign.

Pfizer Consumer Healthcare, tel: 01304 616161

Colgate right on Time

Colgate has launched Colgate Time Control with Vitamin E, a toothpaste formulated to control the effects of time.

Colgate Time Control contains an unique Teeth and Gum Protection System proven to strengthen gums and help reduce further recession. Clinical tests have shown that gums can improve by up to 73 per cent with twice daily use of this toothpaste.

A Colgate spokesperson says: "New Colgate Time Control with Vitamin E delivers an exceptional clean and has been developed in response to research that shows 87 per cent of the 35 plus age group suffer with some form of gum recession." **Colgate-Palmolive, tel: 01483 302222**

Seabond spends

Combe International has increased its spend on Seabond advertising to £1 million, with its latest commercial that focuses on "an all-round fit you can really feel".

Combe claims that a Seabond seal covers the whole denture surface to give maximum all-round fit and comfort, and says that Seabond does not 'ooze out'.

Combe International, tel: 020 8680 2711

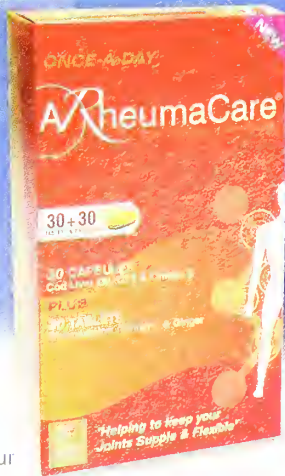
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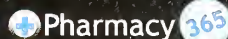
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Pharmacists

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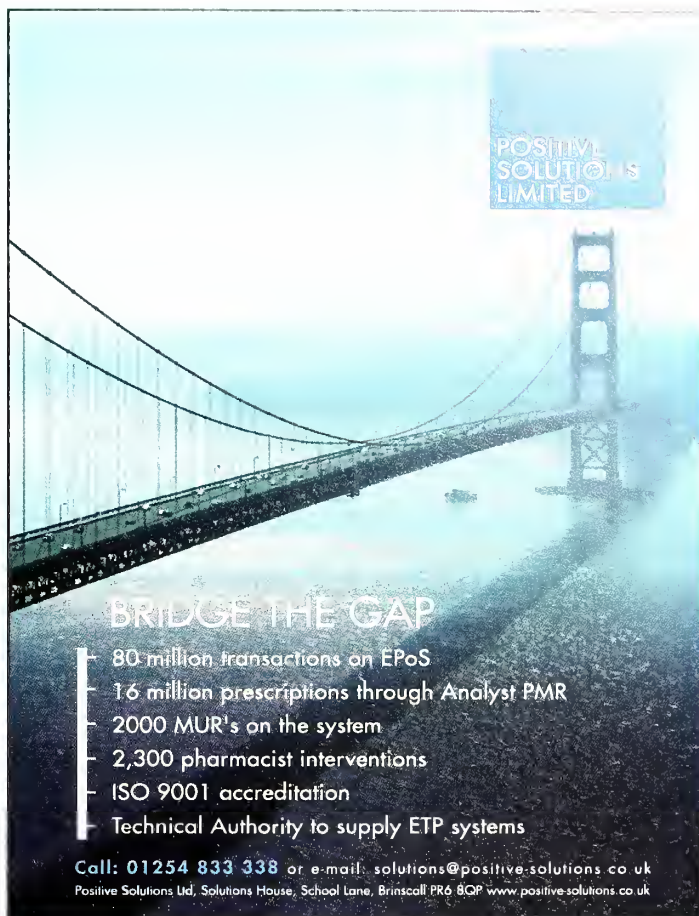
CAMRx Road Show Programme

We are happy to announce our Roadshow Programme for the Autumn which will include an MUR Workshop on Diabetes and a Communications workshop.

The first date is **Wednesday 27th September 2006, 7.00 p.m.**
At the **Brentwood Holiday Inn**

Further dates are planned as follows:- **Leicester 18th October, Birmingham 15th November and Borehamwood 6th December.**

For further details contact CAMRx Customer Services on
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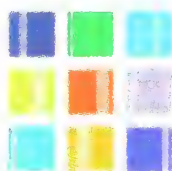
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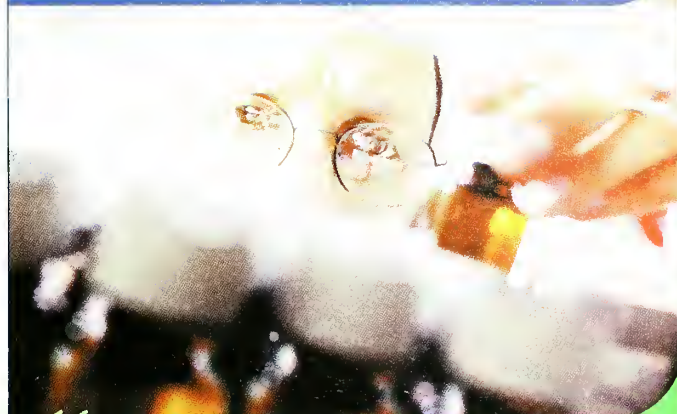
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ADDING VALUE

Here come the brides...

... who dressed up for the day to raise money for charity

Staff at a Co-op Pharmacy in Cambridgeshire dressed up in wedding outfits for a day and decorated their branch with confetti and bouquets to raise money for charity

Pictured from the left are Kirsty Dean, Margaret Gifford, Bernie Witchalls and Anne Hapuarachchi, from the Co-op Pharmacy on Cottenham High Street, who raised £131 for Marie Curie Cancer with help from generous customers, after taking part in Take a Break magazine's National Wedding Dress Day

"We were delighted to have raised so much money," said dispensing technician Bernie Witchalls. "We had lots of positive comments



from customers and we're already looking forward to taking part again next year."

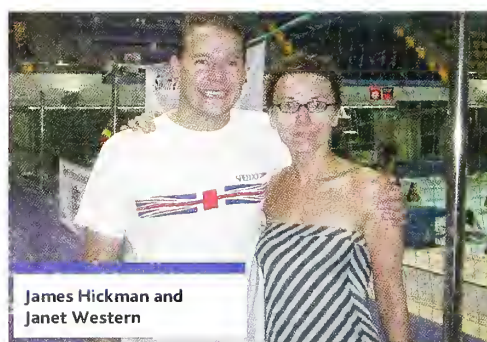
Mile swim for Sport Relief

It's not every day that you take part in a charity event and discover that you're competing against world champions, but that is what happened to Janet Western, credit controller at Phoenix's head office in Runcorn.

While preparing for the sponsored "I swam a mile with Aled Jones for Sport Relief" held at the Aquatic Pool in Manchester, Ms Western discovered that James Hickman, pictured with her below, five times world champion in the 200m butterfly event and David Davies, who was the 1,500m freestyle Olympic bronze medal winner in Athens in 2004, were also participating.

In fact, David Davies was one of the six swimmers in Ms Western's heat. He took a mere 15 minutes to swim the mile, but Janet proudly finished in third place with a personal best time of 39 minutes and four seconds.

Ms Western raised £608 for charity.



James Hickman and Janet Western



Cambridge Counterpart winners

Pharmacy assistants Grace Lawless and Jodie Green each won a bottle of Champagne in C+D's June Cambridge Counterpart draw sponsored by Wyeth. Both have been working at Minster Pharmacy on Market Hall Street in Cannock for 12 months. Ms Lawless, pictured below with Wyeth's Eddie Mitchell, enjoys going to the gym, keeping fit, shopping and going out with friends. Her colleague says she also enjoys shopping and socialising with friends. The winner for May was Elizabeth Richardson, pictured above right, with territory manager Lucy

Hollingworth. She has been working for Cox & Robinson at Walnut Tree in Milton Keynes since last October, and was previously a dog walker. Her Bull Mastiff Ruby takes up much of her spare time, along with her three grandchildren.



Appointments

Weldricks has appointed two area support pharmacists to its management team. Fiona Sitch, right, has been with the company as branch pharmacist for seven years, while Allan Green joins the Doncaster chain from Peak Pharmacy, where he was a branch manager for five years.



Leon Rudd, pictured right, has joined AAH Pharmaceuticals from Siemens as customer technology controller. He will lead the



team delivering the company's LINK pharmacy system and developing the next generation of systems for EPS Release 2 and eMAS.

Celesio has appointed Fritz Oesterle, chairman of the management board and chief executive, to the management board of Franz Haniel, Celesio's majority shareholder. Stefan Meister has become deputy chairman of the management board of Celesio as well as personnel relations officer.



Day Lewis has appointed Raymond Barclay (pictured left) as head of central operations, Richard King as head of field operations, Kevin Cottrell (below) as head of

professional services and Mike Jennings as head of marketing.

Following the creation of a new central marketing and communications team within the wholesale and commercial affairs division of Alliance Boots, Yves Romestan has become director of central marketing and communications.



Legoland trip is pharmacy travel prize

A Glasgow pharmacist has won a Legoland family break in C+D's July Pharmacy Travel competition. Paul Pollock, of Munro Pharmacy on Alderman Road in Glasgow, said he will be taking his partner, Sarah and two sons, Matthew and James, to the park near Windsor in October.

"I'm delighted," Mr Pollock said. "It's the first time that I've won anything apart from £10 on the Lottery."

There are four new Legoland attractions for 2006, including the SpellBreaker 4D movie and the Secret of Scorpion Palace live action show.



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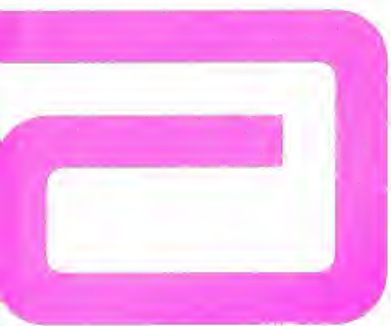
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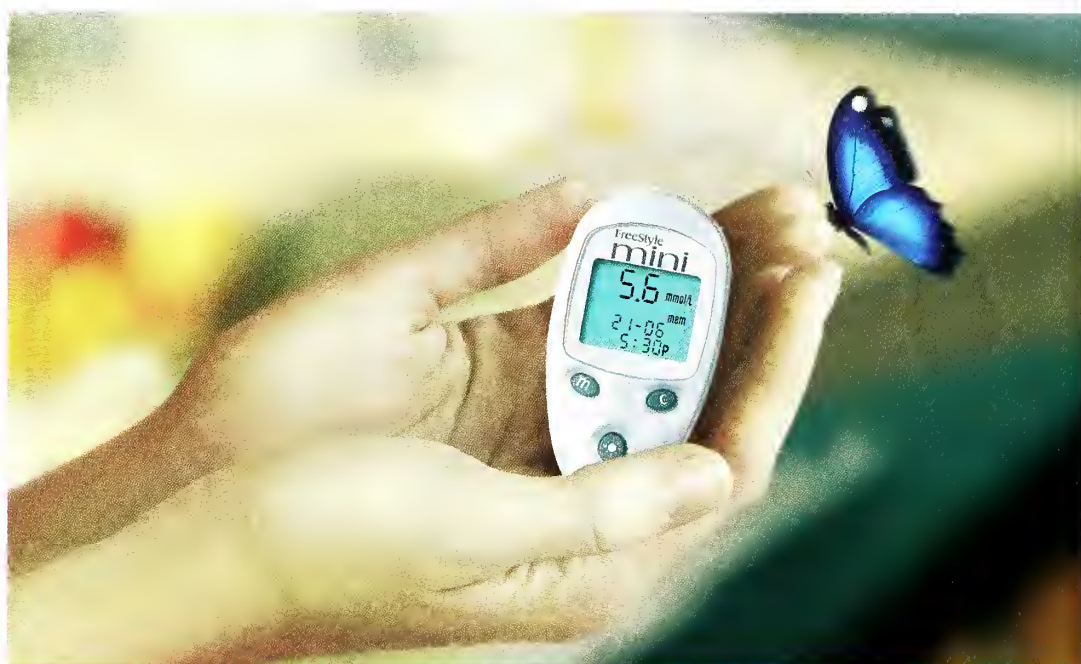
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